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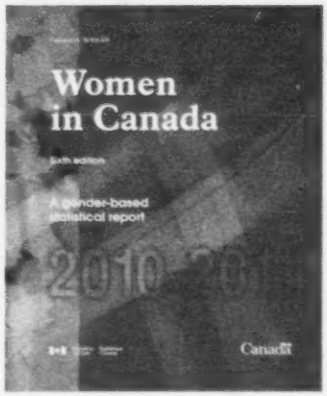
Women in Canada: A Gender-based Statistical Report

Article

Women and Health

by Martin Turcotte

December 2011



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Women in Canada: A Gender-based Statistical Report

Women and Health

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Symbols

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
p	preliminary
r	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
E	use with caution
F	too unreliable to be published

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Women and Health

by Martin Turcotte

Introduction

The factors associated with good physical and mental health are fairly similar among women and men: healthy lifestyles, income, education level, age, as well as social inclusion and participation. Nevertheless, because of various biological and social characteristics specific to women, the health problems they face in their lives may differ from those faced by men. For example, because their life expectancy is higher, women are more likely than men to develop chronic health problems that often appear with age, such as arthritis. This chapter looks at many of these differences between women and men.

More specifically, it examines five major dimensions of health. The first four sections of the chapter are based on data reported by the respondents of the 2009 Canadian Community Health Survey[1]. In the first section, we look at measures of well-being and good physical and mental health, including some measures of fitness. The second section examines chronic health conditions and problems related to mental health. In the third section, we examine data on risk factors and some health-related behaviours (diet, physical activity and tobacco use). The fourth section deals with accessing and using health services. Finally, the fifth section presents statistics on life expectancy, deaths and causes of death; these statistics are obtained from administrative data.

Well-being and measures of health

Self-perceived health

Perceived health is an indicator of overall health status. Among other things, it can reflect aspects of health not captured in other measures, such as incipient disease, disease severity, physiological and psychological reserves, and social and mental function. Studies have shown that compared with men, women consider more factors when assessing their overall health. For example, they are more likely to consider psychological factors and the presence of non-life-threatening illnesses.[2]

In 2009, 60% of females aged 12 and over reported very good or excellent health, a proportion no different from that of males (Table 1). However, six years earlier in 2003, women had been less likely than men to report very good or excellent health (57% versus 60%).

Women aged 25 to 34 are the most likely to positively self-evaluate their health; this likelihood diminishes with age. For example, in 2009, 71% of women aged 25 to 34 said they were in very good or excellent health, compared with 30% of women aged 75 or over.

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1. The target population of the Canadian Community Health Survey (CCHS) is the total population of Canada aged 12 years and over living in private households. Persons living in a collective dwelling such as a senior residence or health care establishment are excluded from this survey. Certain results should therefore be interpreted with care, especially those about the health of persons aged 85 and over, as they are more likely to be living in institutions.
2. Y. Benyamini, E., A. Leventhal and H. Leventhal. 2000. "Gender differences in processing information for making self-assessments of health." *Psychosomatic Medicine*. Vol. 62, no. 3, pp. 354-364. See also: Shields, Margot and Sanin Shooshtari. 2001. "Determinants of self-perceived health." *Health Reports*. Vol. 13, no. 1, December. Statistics Canada Catalogue no. 82-003, pp. 35-52. http://www.statcan.gc.ca/pub/82-003-x/2001001/article/6023-eng.pdf

Table 1
Self-perceived health, by age group, Canada, 2003 and 2009

Age group	Very good or excellent health			
	2003		2009	
	Females	Males	Females	Males
	percentage			
Total—12 and over	**57.3**	**59.5**	**60.3**	**60.7**
12 to 24	65.6	68.4	67.0	69.6
25 to 34	69.4	69.8	70.7	72.3
35 to 44	63.3	64.0	66.2	65.2
45 to 54	56.8	56.2	62.3	56.6
55 to 64	48.1	50.2	54.2	53.1
65 to 74	39.3	41.2	43.9	46.2
75 and over	30.8	33.8	35.0	36.0

Sources: Statistics Canada, Canadian Community Health Survey, 2003 and 2009.

Women aged 45 to 64 were more likely to describe their health as very good or excellent than six years earlier. In 2003, the proportion of women aged 45 to 64 who reported very good or excellent health was 53%, whereas 59% did so in 2009 (results not shown).

Socio-economic status is strongly linked to health. The women most likely to report very good or excellent health were those with a higher income and education level. For example, among women aged 45 to 64 who had not completed secondary school, 39% described their health as very good or excellent (Table 2). By comparison, this proportion was 73% among those who had obtained a university degree. Since growing numbers of women are completing university, it is possible that the proportion of women reporting excellent health will continue to rise in the coming years (for more information on education level, see the chapter on women and education).

Table 2
Persons reporting very good or excellent health, by household income and education level, Canada, 2009

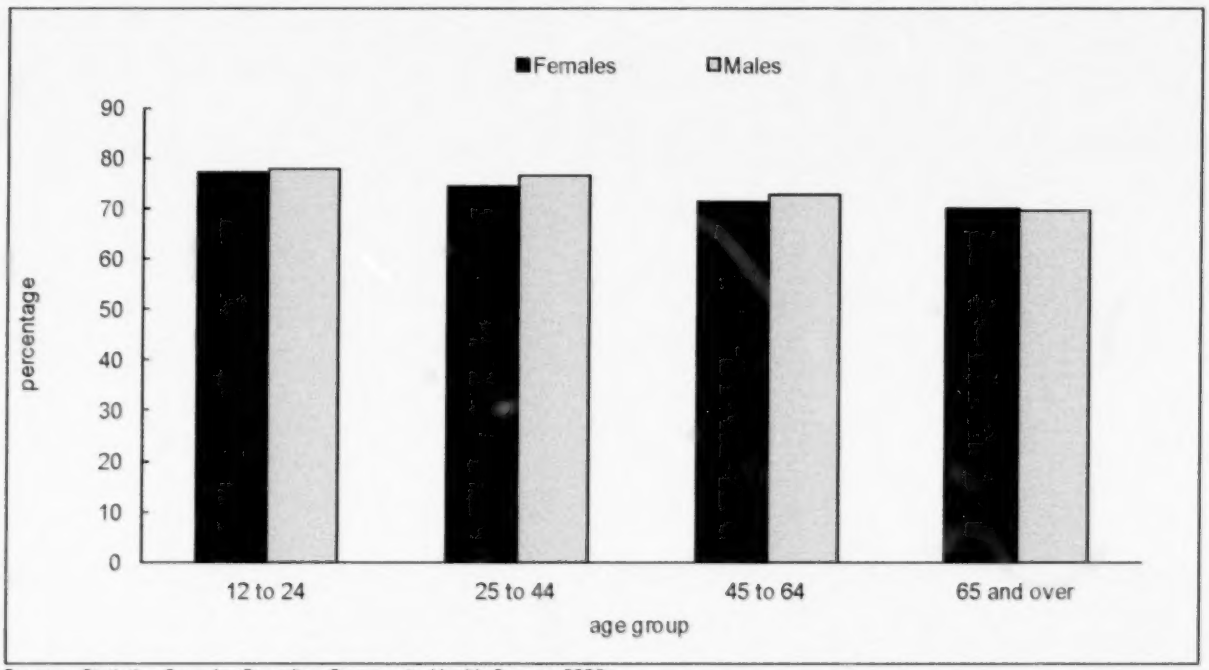
Household income and education level	Females			Males		
	25 to 44	45 to 64	65 and over	25 to 44	45 to 64	65 and over
	percentage					
Household income						
Lowest quintile	57.7	37.8	30.5	55.9	33.0	30.3
Second quintile	63.1	50.9	42.4	62.2	49.4	38.8
Third quintile	71.5	60.6	48.2	73.1	52.9	46.4
Fourth quintile	75.6	68.5	54.7	69.2	64.0	53.4
Highest quintile	79.1	72.5	59.8	77.2	63.0	60.7
Education level						
Less than secondary school	48.1	38.7	30.6	53.2	41.1	35.1
Secondary school diploma	62.5	56.9	43.3	68.0	52.7	42.0
College diploma or trade certificate	67.7	59.6	46.1	68.4	57.1	41.7
University degree	75.9	73.1	55.6	73.5	63.9	55.5

Source: Statistics Canada, Canadian Community Health Survey, 2009.

Self-rating mental health and stress

In 2009, 73% of females aged 12 and over reported that their mental health was very good or excellent, compared with 75% of males (results not shown). In all age groups, the percentages of females and males reporting very good or excellent mental health were similar. However, the percentages of females aged 65 and over reporting very good or excellent mental health (70%) was smaller than for females aged 12 to 24 (77%) (Chart 1).

Chart 1
Persons who assessed their mental health as very good or excellent, by age group, Canada, 2009



Source: Statistics Canada, Canadian Community Health Survey, 2009.

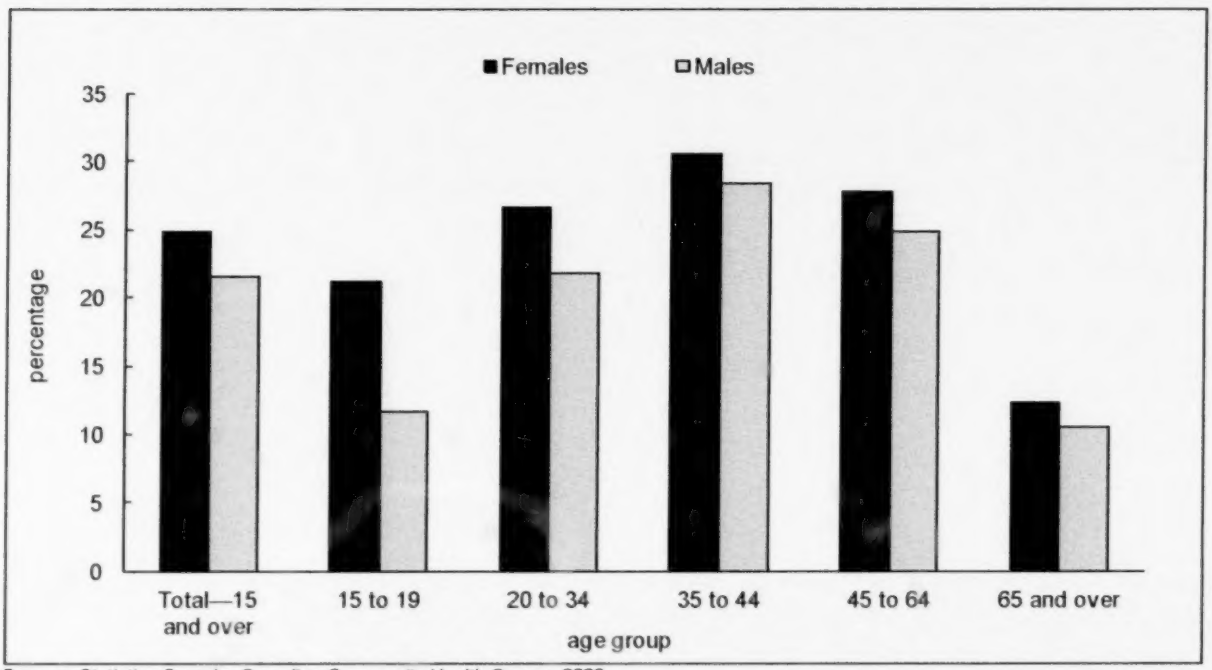
Just as in the case of overall health, an income gradient was evident for mental health. Among women aged 45 to 64 belonging to the lowest income quintile (that is, the 20% of women with the lowest incomes), only 55% described their mental health as very good or excellent. By comparison, the proportion was 81% for those in the highest income quintile (results not shown).

For those who consider their mental health to be poor or fair, going to a psychologist, doctor or other person may be an option. It appears that women are more likely than men to do this. For example, in 2009, among females aged 12 and over who described their mental health as fair or poor, 17% had seen a psychologist in the past year, compared with 11% of males (results not shown).

Perception of stress level

In 2009, 25% of women aged 15 and over reported that most of their days were "quite a bit or extremely stressful," which is slightly more than the proportion of men (22%). Women aged 35 to 44 were the most likely to report that most of their days were "quite a bit or extremely stressful" (Chart 2).

Chart 2
Persons reporting that most of their days were quite a bit stressful or extremely stressful, by age group, Canada, 2009



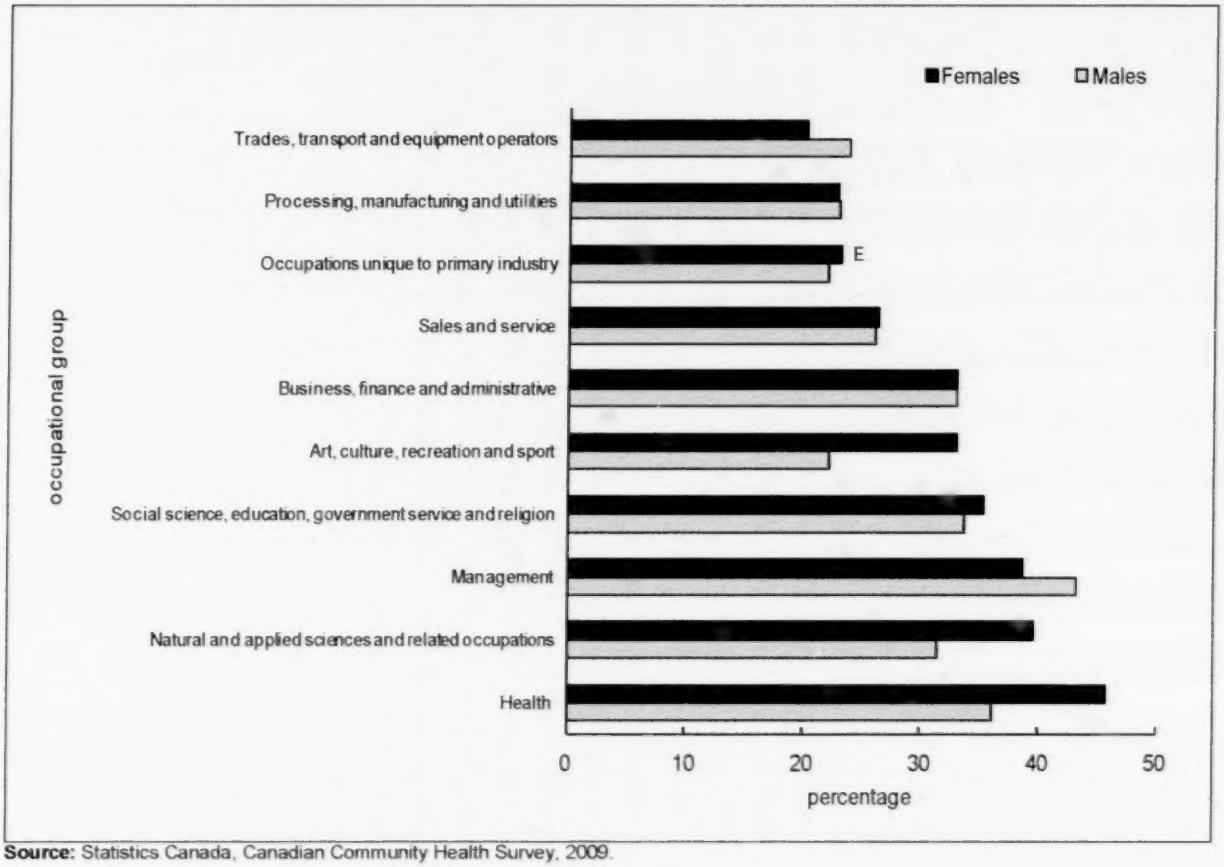
Source: Statistics Canada, Canadian Community Health Survey, 2009

Family status is one of the factors that affected the level of stress experienced by women. The proportion of women aged 35 to 44 reporting that their days were quite a bit or extremely stressful was 41% for those who were lone parents and 38% for those living alone. By comparison, the corresponding proportion was 28% for women aged 35 to 44 living with a spouse and children (results not shown).

People experiencing stress at work are much more likely to perceive stress in their everyday life. However, not all occupations are associated with the same level of stress. In 2009, 46% of women working in the health sector described most of their days at work as being quite a bit or extremely stressful (Chart 3). Among female nursing professionals, this proportion even reached 54% (results not shown). By comparison, 26% of women engaged in occupations in the sales and services sector described most days at work as quite a bit or extremely stressful.

For some groups of occupations such as health, natural and applied sciences, and art, culture, sports and recreation, women reported a higher level of stress at work than men.

Chart 3
Persons who described most days at work as being quite a bit or extremely stressful, by occupational group, Canada, 2009



Source: Statistics Canada, Canadian Community Health Survey, 2009.

Fitness measures

The health benefits of being physically fit are many and well known to health experts.[3] In the Health Measures Survey (conducted from 2007 to 2009), various anthropometric measurements and fitness tests were administered to participants. The results provided an elaborate picture of various aspects of the population's physical fitness.

Table 3 shows a series of measurements compiled from this survey that illustrate various differences between women and men. The results are grouped into three categories: excellent/very good; good; fair/needs improvement. Note that the thresholds used to categorize participants are adjusted for both the age and sex of participants.

3. Shields, Margot, Mark S. Tremblay, Manon Laviolette, Cora L. Craig, Ian Janssen and Sarah Conner Gorber. 2010. *Fitness of Canadian adults: Results from the 2007-2009 Canadian Health Measures Survey*. Vol. 20, no. 4. Statistics Canada. Catalogue no. 82-003-X. http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11064-eng.htm

Table 3
Anthropometric measurements and fitness test results, by age group, Canada, 2009

Anthropometric measurements	20 to 39		40 to 59	
	Females	Males	Females	Males
	percentage			
Aerobic fitness				
Fair/needs improvement	37	46	56	32
Good	40	26	20	40
Excellent/very good	23	27	24	28
Flexibility (sit-and-reach)				
Fair/needs improvement	55	61	47	42
Good	16	16	20	19
Excellent/very good	29	23	33	39
Muscular endurance (partial curl-ups)				
Fair/needs improvement	46	19	70	39
Good	10	7 [E]	9	5 [E]
Excellent/very good	44	75	21	56
Muscular strength (grip strength)				
Fair/needs improvement	56	42	36	35
Good	18	24 [E]	29	19 [E]
Excellent/very good	27	34	35	46
Overall musculoskeletal strength				
Fair/needs improvement	51	30	43	29
Good	28	32	36	30
Excellent/very good	21	38	21	41

Source: Statistics Canada. 2010. *Fitness of Canadian adults: Results from the 2007-2009 Canadian Health Measures Survey*. Catalogue no. 82-003-X.

Aerobic fitness

With regard to aerobic fitness, the gap between women and men varied from one age group to another. Among persons aged 20 to 39, the results for women were better than those for men: only 37% of women were considered to have a fitness level that was fair or needed improvement, compared with 46% of men in the same age group (Table 3). However, among persons aged 40 to 59, men had better results. Whereas for more than half of women (56%), aerobic fitness was found to be fair or in need of improvement, this was the case for less than one-third of men (32%).

Musculoskeletal health

Three components of musculoskeletal health were measured in the survey: flexibility, muscular endurance and muscular strength. According to health experts, "considerable evidence indicates that musculoskeletal fitness confers substantial health benefits, particularly among women and older people, including decreased risk of mortality, increased mobility, less functional impairment, greater independence, reduced likelihood of falls, lower levels of pain, and an overall increase in quality of life."[4]

4. Shields, Margot, Mark S. Tremblay, Manon Laviolette, Cora L. Craig, Ian Janssen and Sarah Conner Gorber. 2010. *Fitness of Canadian adults: Results from the 2007-2009 Canadian Health Measures Survey*. Vol. 20, no. 4. Statistics Canada Catalogue no. 82-003-X, p. 2. http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11064-eng.htm

Women in the 20 to 39 age group scored higher than men in flexibility, with a larger proportion of them obtaining an "excellent" or a "very good" rating. For example, among persons aged 20 to 39, 29% of women had a "very good" rating, compared with 23% of men.

Unlike for flexibility, women scored lower than men for muscular endurance, measured by the ability to do curl-ups. Endurance was rated very good or excellent for 75% of men aged 20 to 39, compared with only 44% of women in this age group. As regards muscular strength, women in both age groups scored lower than men (even using different scales for the test results of women and men).

An overall assessment of musculoskeletal health was developed by combining the scores for flexibility, muscular endurance and strength. For this measure, women generally scored lower than men in both age groups. For example, only 21% of women aged 40 to 59 were found to have very good or excellent overall musculoskeletal health, compared with 41% of men in the same age group.

Satisfaction with life

Satisfaction with life is a personal subjective assessment of one's general well-being. To measure it, respondents to the Canadian Community Health Survey were asked to rate their level of satisfaction with life on a scale of 0 to 10, where 0 means very dissatisfied and 10 means very satisfied. Mean satisfaction scores were then calculated according to various characteristics, such as sex, age and income.

Overall, women scored 8 points out of 10 (8.0), indicating a high level of satisfaction (Table 4). The average level of satisfaction was higher for girls and women aged 12 to 24. This is probably due in part to the fact that health, which has a major impact on the level of satisfaction,[5] is generally better among younger people (see Tables 1 and 4).

Table 4
Level of satisfaction with life, Canada, 2009

Age group, household income and perceived health	Females	Males
	average score on satisfaction scale	
Total—Age groups	**8.0**	**8.0**
12 to 24	8.3	8.2
25 to 44	8.0	8.0
45 to 64	8.0	7.8
65 and over	8.0	8.0
Household income		
Lowest quintile	7.6	7.5
Second quintile	8.0	7.8
Third quintile	8.2	8.0
Fourth quintile	8.2	8.2
Highest quintile	8.4	8.3
Perceived health		
Fair or poor	6.5	6.5
Good	7.7	7.6
Very good or excellent	8.5	8.4

Notes: Respondents were asked to rate their level of satisfaction with life using a scale of 0 to 10, where 0 means very unsatisfied and 10 means very satisfied. The scores shown represent average responses.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

5. Diener, E. 2005. "The Benefits of Frequent Positive Affect: Does Happiness Lead to Success?". *Psychological Bulletin*. Vol. 131, no. 6, pp. 803-855.

A high income is associated with a higher level of satisfaction with life. Among women in the lowest income quintile (the 20% of persons with the lowest incomes), the average level of satisfaction with life was 7.6. By comparison, the average level was 8.4 for women in the highest income quintile.

Chronic health conditions

Chronic health conditions are varied in nature, and they do not all have the same effect on the quality of life of people who have them. In this section, we look at eight chronic health conditions either because they are more common, because women are especially subject to them or because they have a greater impact on the health system.[6] For each of these eight conditions, differences between women and men are examined, along with the probability of having been diagnosed with the condition.

Prevalence of arthritis

The term "arthritis" describes many conditions (there are approximately one hundred) that affect the joints, the tissues surrounding the joints and other connective tissues. What all types of arthritis have in common is joint and musculoskeletal pain which, in the most severe cases, can greatly affect the quality of life. The most common types of arthritis are osteoarthritis and rheumatoid arthritis.[7]

Arthritis affects a larger proportion of females than males in all age groups. In 2009, 2.6 million females and 1.6 million males reported they had been diagnosed with arthritis (Table 5). The gender gap was especially large for seniors, who are at a time of life when this type of condition is particularly likely to develop.

6. Health Council of Canada. 2007. *Population Patterns of Chronic Health Conditions in Canada: A Data supplement to: Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions*. December. Toronto.
7. The Arthritis Society. http://www.arthritis.ca (accessed on August 10, 2010).

Table 5
Persons being diagnosed by a health professional as having certain chronic conditions, prevalence of these conditions and distribution of cases, by age group, Canada, 2009

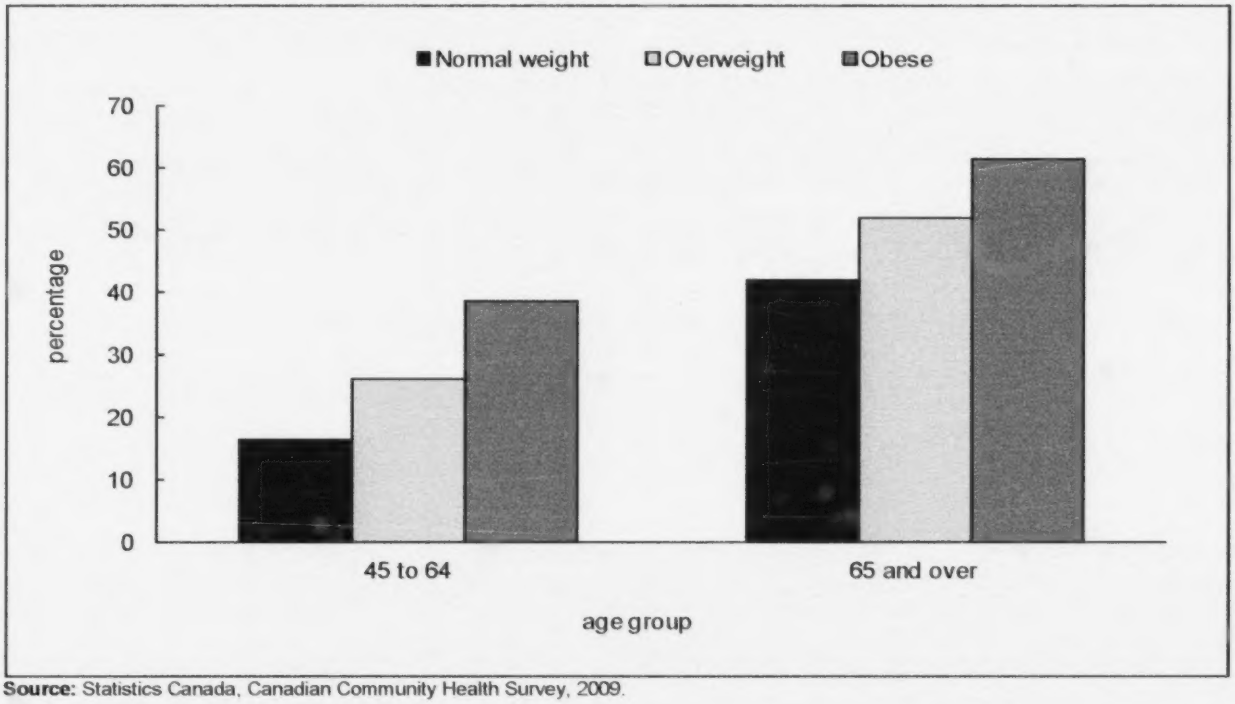
Age group	Arthritis	Cancer	High blood pressure
	number (thousands)		
Total—12 and over	**4,210**	**510**	**4,812**
Females	2,607	253	2,508
Males	1,603	257	2,304
12 to 24			
Females	35 [E]	x	15 [E]
Males	11 [E]	x	30 [E]
25 to 44			
Females	264	28 [E]	207
Males	181	18 [E]	277
45 to 64			
Females	1,121	103	1,037
Males	773	93	1,113
65 and over			
Females	1,187	113	1,249
Males	637	146	884
Prevalence within the population		percentage	
Total—12 and over	**15.2**	**1.8**	**16.9**
Females	18.5	1.7	17.3
Males	11.7	1.8	16.4
12 to 24			
Females	1.5 [E]	x	0.5 [E]
Males	0.5 [E]	x	1.0 [E]
25 to 44			
Females	5.7	0.6 [E]	4.5
Males	3.9	0.4 [E]	6.0
45 to 64			
Females	23.9	2.2	22.1
Males	16.8	2.0	24.3
65 and over			
Females	49.6	4.7	52.2
Males	32.3	7.4	44.9
Distribution of diagnosed cases		percentage	
Total—12 and over	**100.0**	**100.0**	**100.0**
12 to 24			
Females	0.8 [E]	x	0.3 [E]
Males	0.3 [E]	x	0.6 [E]
25 to 44			
Females	6.3	5.5 [E]	4.3
Males	4.3	3.5 [E]	5.8
45 to 64			
Females	26.6	20.1	21.6
Males	18.4	18.2	23.1
65 and over			
Females	28.2	22.1	25.9
Males	15.1	28.6	18.4

Source: Statistics Canada, Canadian Community Health Survey, 2009.

In 2009, 50% of women aged 65 and over reported they had arthritis, compared with 32% of men. Of those aged 85 and over and living in a private household, the proportion of women with arthritis was 57%, compared with 43% of men in this age group (results not shown). Since arthritis is strongly associated with age, its prevalence can be expected to rise as the population ages.[8]

People who are overweight or obese are more likely to have arthritis than those of normal weight. In 2009, among women aged 45 to 64, the prevalence of arthritis was 39% for those who were obese, 26% for those who were overweight and 16% for those with a normal weight (Chart 4). Among seniors, the proportion of women diagnosed with arthritis was 61% for obese women, compared with 52% for overweight women and 42% for those with a normal weight.

Chart 4
Prevalence of arthritis among women according to self-reported body mass index and age group, Canada, 2009



Source: Statistics Canada, Canadian Community Health Survey, 2009.

It is known that moderate to vigorous physical activity can help people with arthritis to ease the pain caused by the condition and improve their quality of life.[9] Women aged 45 to 64 with arthritis were roughly as inclined as their male counterparts in the same age group to be physically active during their leisure time (44% of women and 45% of men were active or moderately active). However, among persons aged 65 and over, only 31% of women with arthritis were active or moderately active, compared with 46% of men with arthritis (results not shown).

8. Public Health Agency of Canada. 2010. *Life with arthritis in Canada: A public health and personal challenge*. Catalogue no. HP35-17/2010E. Ottawa.
9. *Ibid.*

Cancer

Cancer is not the most common form of chronic condition within the population, but it is certainly the one that causes the greatest number of deaths. According to the Canadian Cancer Society, nearly 40% of women and 45% of men in Canada will develop cancer during their lifetimes and one in four Canadians will die of cancer.[10]

In 2009, 253,000 females and 257,000 males aged 12 and over reported having cancer (Table 5). Before age 45, the prevalence of cancer is relatively low (slightly under half of 1% for those aged 25 to 44). However, by age 45, rates show a perceptible increase. In the 45 to 64 age group, 2% of women had cancer, the same proportion as for men. The rate rose to 5% for women aged 65 and over and to 7% for their male counterparts.

When examining administrative data from the Canadian Cancer Registry, one observes that the number of new cancer cases has increased almost constantly in the past fifteen years, for both women and men. Whereas there were 53,838 new cases of cancer among females in 1992, this number grew to 78,099 in 2007 (Table 6).

The rates of new cancer cases also rose during this period. In 1992, there were 376.1 new cancer cases per 100,000 females, a rate that rose to 470.3 per 100,000 females in 2007. This rate, however, remained lower for females than for males (523.3 new cases of cancer per 100,000 males in 2007) (results not shown).

Table 6
New cancer cases, by primary site of cancer, Canada, 1992 to 2007

Primary site of cancer	1992	1997	2002	2007	% increase 1992 to 2007
	number of new cancer cases				
Females					
Total—All primary sites of cancer	**53,838**	**59,974**	**69,404**	**78,099**	**45**
Breast	15,707	17,633	19,644	21,021	34
Lung and bronchus	6,197	7,318	8,892	10,404	68
Colorectal	7,047	7,380	8,592	9,267	32
Corpus uteri	2,828	3,149	3,658	4,359	54
Thyroid	995	1,240	2,209	3,250	227
Others	21,064	23,254	26,409	29,798	41
Males					
Total—All primary sites of cancer	**61,813**	**64,954**	**74,463**	**85,430**	**38**
Prostate	15,302	15,995	19,601	23,181	51
Lung and bronchus	11,491	11,179	11,855	12,461	8
Colorectal	7,922	8,299	10,014	11,198	41
Bladder (including in situ)	3,732	4,108	4,445	4,933	32
Non-Hodgkin's lymphomas	2,259	2,729	3,056	3,763	67
Others	21,107	22,644	25,492	29,894	42

Notes: Only the five main primary sites for females and males were included in this table. For more details on other sites, see CANSIM table 103-0550.
Source: Statistics Canada, Database of the Canadian Cancer Registry.

10. Canadian Cancer Society. http://www.cancer.ca (accessed on August 17, 2010).

The most common cancer reported by women is breast cancer (21,021 new cases in 2007). From 1992 to 2007, the number of diagnosed cases grew substantially, increasing by 34%. However, a larger increase was seen for cancer of the lung and bronchus, the second most prevalent cancer for women. In fact, from 1992 to 2007, the number of new cases of lung cancer grew by 68% among women. This is due to the fact that before the Second World War, very few women smoked, a situation that has subsequently changed (see section on health-related behaviours).

High blood pressure

High blood pressure is the main risk factor for stroke, and it contributes to the risk of heart attack and kidney failure. Also, high blood pressure can reduce the diameter of arteries and block them. It can also exert pressure on organs and weaken them.[11]

In 2009, approximately 2.5 million females aged 12 and over (17%) reported being diagnosed with high blood pressure, compared with 2.3 million males (16%) (Table 5). A breakdown by age group reveals that it is mainly during the senior years that women stand out from men. In 2009, 52% of women aged 65 and over were diagnosed with high blood pressure, compared with 45% of men. Conversely, among persons aged 45 to 64, the prevalence was somewhat lower for women than for men.

In recent years, an increasing proportion of both women and men have been diagnosed with high blood pressure. Among women aged 65 and over, the prevalence of high blood pressure went from 47% in 2003 to 52% in 2009 (results not shown).

Heart disease

After malignant tumours, heart disease is the second most prevalent cause of death, for both women and men. Women are somewhat less likely than men to be diagnosed with heart disease. In the 45 to 64 age group, 4% of women had heart disease, compared with 7% of men. This gap also existed in the 65 and over group, with 15% of women diagnosed compared with 19% of men (Table 7).

11. Heart and Stroke Foundation. http://www.heartandstroke.com (accessed on August 10, 2010).

Table 7
Persons diagnosed by a health professional as having certain conditions, prevalence of these conditions and distribution of cases, by age group, Canada, 2009

Age group	Diabetes	Heart disease	Chronic obstructive pulmonary disease (COPD) [1]	Mood disorders	Anxiety
	number (thousands)				
Total—12 and over	**1,706**	**1,309**	**780**	**1,812**	**1,432**
Females	769	569	425	1,173	905
Males	937	740	356	639	527
12 to 24					
Females	13 [E]	12 [E]	..	126	167
Males	F	13 [E]	..	74	103
25 to 44					
Females	75	39	49	412	302
Males	80	35 [E]	46 [E]	212	192
45 to 64					
Females	326	165	183	477	317
Males	407	308	137	272	180
65 and over					
Females	355	352	193	157	119
Males	436	384	173	82	52
Prevalence within the population			**percentage**		
Total—12 and over	**6.0**	**4.6**	**4.2**	**6.3**	**5.0**
Females	5.3	3.9	4.5	8.1	6.3
Males	6.6	5.3	4.0	4.5	3.7
12 to 24					
Females	0.5 [E]	0.4 [E]	..	4.6	6.1
Males	F	0.4 [E]	..	2.5	3.5
25 to 44					
Females	1.6	0.8	2.0	8.9	6.5
Males	1.7	0.8 [E]	1.9 [E]	4.6	4.2
45 to 64					
Females	6.9	3.5	3.9	10.2	6.8
Males	8.9	6.7	3.0	5.9	3.9
65 and over					
Females	14.8	14.8	8.1	6.5	5.0
Males	22.1	19.5	8.8	4.1	2.6
Distribution of diagnosed cases			**percentage**		
Total—12 and over	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
12 to 24					
Females	0.7 [E]	0.9 [E]	..	7.0	11.7
Males	F	1.0 [E]	..	4.1	7.2
25 to 44					
Females	4.4	3.0	6.3	22.8	21.1
Males	4.7	2.7 [E]	5.9 [E]	11.7	13.4
45 to 64					
Females	19.1	12.6	23.4	26.3	22.1
Males	23.9	23.5	17.5	15.0	12.6
65 and over					
Females	20.8	26.9	24.7	8.7	8.3
Males	25.6	29.3	22.2	4.5	3.6

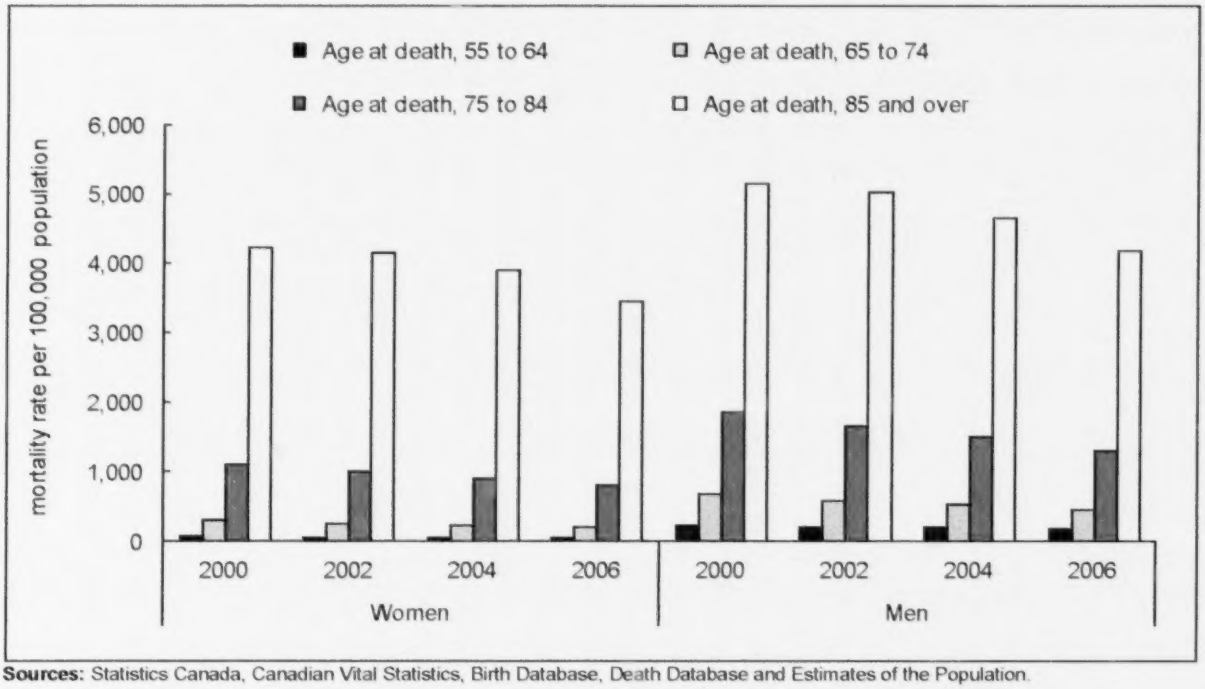
1. Only for people aged 35 and over.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Researchers have identified age, low income (especially for women), chronic stress and family history as risk factors for heart disease, as well as a number of others that can be acted upon; these include smoking, obesity, physical inactivity, excessive alcohol consumption and high blood pressure.[12]

Among people aged 45 to 64 with heart disease, women were more likely than men to have made changes to improve their health. Thus, in 2007-2008, 70% of women aged 45 to 64 who had been diagnosed with heart disease reported that they had taken steps to improve their health in the past year (such as stopping smoking, eating better and getting exercise). By comparison, 59% of men reported doing so (results not shown). However, among persons aged 65 and over, women who had been diagnosed with heart disease were no more likely than men to have made lifestyle changes.

In the past few years, according to administrative data, death rates for heart disease have declined for all age groups (Chart 5). They continue to be lower for women than for men. However, according to some studies, women are at greater risk than men of dying in the first year after a heart attack.[13]

Chart 5
Mortality rates for heart disease, by age group at death, Canada, 2000 to 2006



Sources: Statistics Canada, Canadian Vital Statistics, Birth Database, Death Database and Estimates of the Population.

12. Heart and Stroke Foundation. http://www.heartandstroke.com (accessed on August 17, 2010).
13. Lloyd-Jones D, R. Adams, T. Brown and al. 2010. "Heart Disease and Stroke Statistics 2010 Update: A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee". *Circulation*. Vol.121, pp. e1-e170.

Diabetes

Diabetes develops when the body does not produce enough insulin or does not effectively use the insulin it produces. Diabetes can adversely affect quality of life or lead to complications such as heart disease, stroke and kidney disease.[14] It has been shown that diabetes is highly correlated with income level for women, but not for men.[15]

Before age 45, diabetes is not common, and its prevalence differs little between women and men. However, among seniors, women are proportionally less likely than men to be diabetic. In 2009, 15% of women aged 65 and over reported having diabetes, compared with 22% of men (Table 7).

The number of diagnosed cases of diabetes and the prevalence of this disease are increasing, for both women and men. In the space of just six years, the number of women with diabetes increased by nearly 200,000, with the number of diagnosed cases going from 578,000 in 2003 to 769,000 in 2009. By comparison, the number of men with diabetes reached 937,000 in 2009.

The increase in obesity explains in part the greater prevalence of diabetes. Among obese women aged 65 and over, the proportion with diabetes was 29% in 2009, compared with only 13% of those who were overweight and 9% of those who were of normal weight (results not shown). By comparison, 37% of obese men aged 65 and over had diabetes, as did 16% of those who were of normal weight. In general, obesity is more strongly associated with the development of diabetes problems for women than for men.

Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a generic term describing chronic lung diseases that obstruct airflow in the lungs. The two most common forms of COPD are emphysema and chronic bronchitis. Symptoms include shortness of breath, wheezing and coughing with mucus. Tobacco use is the main cause of COPD.

In 2009, the proportion of persons aged 35 and over who reported being diagnosed with COPD was 4.2%. There was no measurable difference between men and women in this regard (Table 7). That said, female smokers were more likely to have been diagnosed with COPD than male smokers (9% and 5% respectively) (results not shown).

Mood and anxiety disorders

Mood disorders, including depression, bipolar disorder, mania or dysthymia, can greatly affect the lives of those who suffer from them. It has been estimated that depression has a greater impact on job performance than chronic conditions such as arthritis, hypertension, back problems and diabetes.[16]

The percentage of Canadians reporting a mood disorder diagnosed by a professional was 6%, or approximately 1,812,000 persons in 2009, with significantly greater prevalence among women (Table 7). Indeed, in that year, nearly two-thirds of diagnosed mood disorders were reported by women.

While women are roughly as likely as men to describe their mental health as very good or excellent (see Chart 1), they are more likely to turn to a doctor or health specialist when they experience a mood disorder.[17] For example, in 2009, of females aged 12 and over who described their mental health as fair or poor, 17% had seen a psychologist in the previous year, compared with 11% of males (results not shown). Since women have a greater tendency to ask for help, it is also more likely that they will be diagnosed with a mental health problem.

14. James, Robert, T. Kue Young, Cameron A. Mustard and Jamie Blanchard. 1998. "The health of Canadians with Diabetes". *Health Reports*. Vol. 9, no. 3. Winter. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/1997003/3477-eng.pdf
15. Ross, Nancy, Heather Gilmour and Kaberi Dasgupta. 2010. "14-year diabetes incidence: The role of socio-economic status". *Health Reports*. Vol. 21, no. 3. September. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2010003/article/11325-eng.htm
16. Statistics Canada. 2010. "Mood disorders". *Health Fact Sheets*. http://www.statcan.gc.ca/pub/82-625-x/2010002/article/11265-eng.htm (accessed on August 19, 2010).
17. Romans, Sarah. 2006. "Being female: a key risk factor for depression". *Research and Practice issues for Canadian Physicians*. pp. 36-38.

In some age groups, the proportion of women with a diagnosed mood disorder was almost twice that of men. Among persons aged 25 to 44 for example, 412,000 women or 8.9% reported a mood disorder in 2009, compared with 4.6% of men in this age group (Table 7).

Anxiety disorders, whether in the form of a phobia, an obsessive compulsive disorder or a panic disorder, are encountered somewhat less often than mood disorders. In 2009, approximately 905,000 females and 527,000 males had been diagnosed with an anxiety disorder. The highest prevalence of anxiety disorders was among women aged 45 to 64 (6.8% had been so diagnosed). By comparison, this was the case with 3.9% of men in this age group (Table 7). Once again, the fact that women have a greater tendency to consult a professional might partly explain this difference with men.

Women with an anxiety disorder were much more likely to have also been diagnosed with a mood disorder. In 2009, 45% of women and girls aged 12 and over who had been diagnosed with an anxiety disorder had also been diagnosed with a mood disorder (depression, bipolar disorder, mania). Among those who had not been diagnosed with an anxiety disorder, the proportion who had a mood disorder was only 5.6%. Once again, these results must be interpreted with caution since they refer to anxiety disorders diagnosed by a health professional. Some people with a mental health problem may keep it to themselves.

Effects of chronic conditions

People with chronic conditions can often manage to adapt to their condition and continue living an active life. However, their quality of life may be affected in various ways. In particular, reconciling one's work life with the pain and discomfort caused by a chronic condition can pose a challenge for many people. In 2009, among women aged 45 to 64 who had no chronic condition, the proportion holding a job in the previous week was 78%. By comparison, the corresponding proportion was only 65% of those with a chronic condition and 50% of those with two or more chronic conditions. For women at all education levels, having a chronic condition reduces the probability of having a job (Table 8).

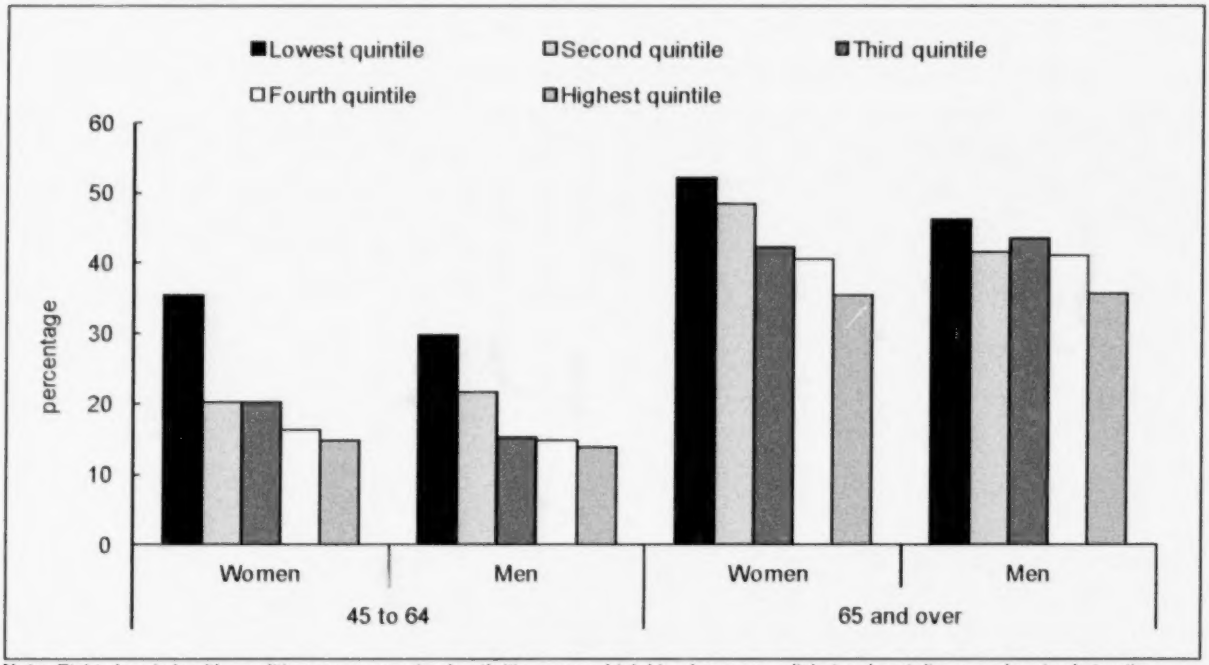
Table 8
Impact of chronic conditions on labour market participation and personal income of women aged 45 to 64, by education level, Canada, 2009

Education level	Women aged 45 to 64					
	No chronic condition	One chronic condition	Two or more chronic conditions	No chronic condition	One chronic condition	Two or more chronic conditions
	percentage employed			average personal income (dollars)		
Total	**78.0**	**65.0**	**49.6**	**43,100**	**35,600**	**25,800**
Less than secondary school	54.2	46.1	32.2	15,800	19,000 [E]	14,800
Secondary diploma	76.5	61.4	53.7	33,700	29,500	23,400
College diploma or trade certificate	80.9	70.0	54.0	40,600	33,100	26,100
University degree	84.7	73.7	59.1	63,500	58,000	48,000

Note: Eight chronic health conditions were examined: arthritis, cancer, high blood pressure, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), mood disorder and anxiety disorder. The estimates exclude residents of the territories.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

The links between socio-economic status and the risks of developing chronic conditions are complex. People with lower income have a greater probability of developing chronic conditions for many reasons (stress, diet and access to nutritious foods at an affordable price, type of jobs held, smoking, etc.). Also, they are more at risk of having two or more chronic conditions simultaneously. For example, in 2009, among women aged 45 to 64 in the low-income group, 35% had been diagnosed with at least two chronic health problems; by comparison, the proportion was 15% for women in the same age group whose incomes were in the upper quintile (Chart 6).

Chart 6
Percentage of persons with two or more chronic health conditions, by age group and income quintile, Canada, 2009



Note: Eight chronic health conditions were examined: arthritis, cancer, high blood pressure, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), mood disorder and anxiety disorder.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Low income is known to be linked to greater risks of developing various health problems. People who have developed a chronic condition may also see their financial resources reduced if, for example, their condition forces them to quit work. In particular, this may be the case with more educated women who are more likely to have a well-paid job. If we consider only women aged 45 to 64 who had a university degree, those with no chronic condition had a substantially higher personal income ($63,500 on average) than those who had two or more such conditions ($48,000) (Table 8).[18]

18. These estimates exclude residents of the territories.

HIV and AIDS

As described by the Public Health Agency of Canada, "HIV—the Human Immunodeficiency Virus—is a virus that attacks the immune system resulting in a chronic, progressive illness that leaves people vulnerable to opportunistic infections and cancers. When the body can no longer fight infection, the resulting disease is known as AIDS (Acquired Immunodeficiency Syndrome). On average, it takes more than 10 years for the disease to progress from HIV infection to AIDS".[19]

Even though men are more likely to be HIV-positive (especially men who have sexual relations with other men), a sizable number of women are HIV-positive. According to data from the Canadian Public Health Agency, in 2009 there were 609 positive HIV test reports for females, compared with 1,759 for males (Table 9). In 2009, women accounted for 26% of the 2,368 positive HIV tests reported in 2009. This proportion has changed little in recent years.

Table 9
Number of new cases of HIV infection, Canada, 1985 to 2009

Year of test	Positive tests							
	Females			Males			Total	
	number	percentage	cumulative total	number	percentage	cumulative total	number	cumulative total
1985 to 1999	5,306	13.1	5,306	35,266	86.9	35,266	40,572	40,572
2000	482	23.9	5,788	1,533	76.1	36,799	2,015	42,587
2001	540	25.2	6,328	1,603	74.8	38,402	2,143	44,730
2002	614	25.5	6,942	1,793	74.5	40,195	2,407	47,137
2003	623	25.5	7,565	1,816	74.5	42,011	2,439	49,576
2004	648	26.2	8,213	1,825	73.8	43,836	2,473	52,049
2005	619	25.4	8,832	1,818	74.6	45,654	2,437	54,486
2006	692	27.7	9,524	1,802	72.3	47,456	2,494	56,980
2007	602	25.1	10,126	1,798	74.9	49,254	2,400	59,380
2008	668	25.8	10,794	1,919	74.2	51,173	2,587	61,967
2009	609	25.7	11,403	1,759	74.3	52,932	2,368	64,335

Source: Public Health Agency of Canada. 2010. *HIV and AIDS in Canada. Surveillance Report to December 31, 2009*, Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control.

Risk factors and health-related behaviours

As a result of awareness campaigns by public health authorities, most people know the various factors that contribute to good health: engaging in physical activity, having a healthy diet, not smoking, not consuming alcohol excessively, and controlling one's stress level. However, actually putting all this into practice is not always easy. This section looks at differences between women and men with regard to their adoption of lifestyles that are conducive to good health.

19. Public Health Agency of Canada. http://www.phac-aspc.gc.ca (accessed on September 27, 2010).

Tobacco use

Tobacco use is losing ground in Canada, among both women and men. In 2009, 2.6 million women and girls aged 12 and over (approximately 18%) were considered smokers, meaning that they smoked on a daily basis or occasionally. In comparison, the number of female smokers in 2003 had been 2.8 million (21%) (Table 10).

Table 10
Prevalence of smoking by age group, Canada, 2003 and 2009

Age group	Persons smoking every day or occasionally											
	Both sexes		Females		Males		Both sexes		Females		Males	
	2003	2009	2003	2009	2003	2009	2003	2009	2003	2009	2003	2009
	percentage						number					
Total—12 and over	23.0	20.1	21.0	17.7	25.1	22.6	6,085,000	5,730,000	2,818,000	2,561,000	3,267,000	3,169,000
12 to 19	14.9	11.0	15.3	9.8	14.4	12.2	490,000	371,000	246,000	161,000	244,000	210,000
20 to 34	30.0	26.5	26.5	23.0	33.5	29.9	1,887,000	1,765,000	830,000	765,000	1,057,000	1,001,000
35 to 44	28.3	22.6	25.4	19.9	31.2	25.3	1,495,000	1,089,000	665,000	480,000	831,000	609,000
45 to 64	23.1	22.5	21.7	20.3	24.5	24.8	1,803,000	2,086,000	856,000	950,000	946,000	1,136,000
65 and over	10.9	9.6	10.5	8.6	11.5	10.9	410,000	419,000	221,000	206,000	189,000	213,000

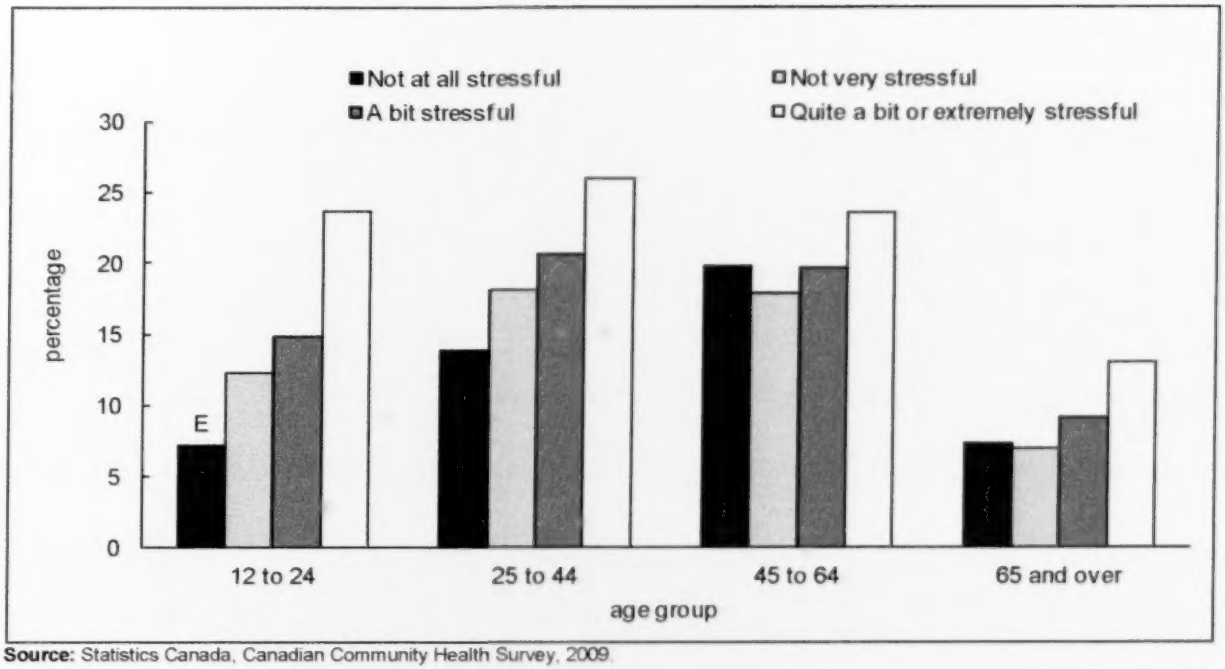
Sources: Statistics Canada, Canadian Community Health Survey, 2003 and 2009.

Women are less likely than men to use tobacco. In 2009, 18% of females aged 12 and over were smokers, compared with 23% of males. The gender difference was smaller among those aged 12 to 19 and those aged 65 and over—the two age groups with the lowest smoking rates. However, there was a larger gender gap for people aged 20 to 34. In this age group, 23% of women were smokers, compared with 30% of men.

Women with the lowest incomes were the biggest tobacco users. In 2009, among women aged 25 to 64 whose household income was in the lowest quintile, 30% were smokers, compared with 15% of women in the same age group living in the highest-income households (results not shown).

According to some studies, exposure to stress can lead to behaviours such as smoking. Moreover, findings show that persons who considered most of their days to be quite or extremely stressful were more likely to be smokers than others. Among women aged 25 to 44, the proportion of smokers reached 26% for those reporting the highest level of stress, compared to 14% for those reporting that most days were not at all stressful (Chart 7).

Chart 7
Percentage of women who are smokers, by perceived level of stress and age group, Canada, 2009



Source: Statistics Canada, Canadian Community Health Survey, 2009.

Heavy drinking

Most researchers in epidemiology recognize that moderate consumption of alcohol is not harmful to health, and some contend that it can be positive in some respects (e.g. the effect of red wine on heart disease). However, heavy drinking, which is generally defined as having five or more drinks on one occasion at least once a month, can pose a risk for health and well-being.

Heavy drinking is much less frequent among women than among men. In 2009, 10% of all women (including non-drinkers) reported heavy drinking, compared with 25% of men (Table 11). The largest difference between women and men was observed in the 45-to-64 age group, in which 23% of men were heavy drinkers, almost three times the percentage of women (8%).

Table 11
Persons who reported heavy drinking, by age group, Canada, 2003 and 2009

Age group	Consumed five or more drinks on one occasion, at least once a month in the last year					
	Both sexes		Females		Males	
	2003	2009	2003	2009	2003	2009
	percentage					
Total—12 and over	**16.6**	**17.2**	**8.8**	**9.9**	**24.5**	**24.8**
12 to 19	14.3	14.0	10.7	11.2	17.8	16.8
20 to 34	28.2	30.1	17.0	19.7	39.4	40.5
35 to 44	18.2	16.9	9.2	8.8	27.0	25.0
45 to 64	13.2	15.4	5.5	7.5	21.1	23.3
65 and over	3.8	4.5	1.1	1.3	7.2	8.3

Sources: Statistics Canada, Canadian Community Health Survey, 2003 and 2009.

Overweight and obesity

Although being overweight is not directly associated with poor health, the risk of developing problems is much greater for obese persons. For many years, the proportion of adults (both male and female) considered obese has been on the rise.[20] According to measures of weight and height, women are neither more nor less likely than men to be obese (Table 12).

Table 12
Body mass index category, by age group, Canada, 2007 to 2009

Body mass index category	20 to 39	40 to 59	60 to 69
	percentage		
Normal weight			
Females	50	45	30
Males	43	21	26
Overweight			
Females	23	31	37
Males	37	52	39
Obese			
Females	21	24	33
Males	19	27	34

Notes: The body mass index (BMI) (kg/m^2) was used to classify participants as being of normal weight (BMI between 18.5 kg/m^2 and 24.9 kg/m^2), overweight (BMI between 25 kg/m^2 and 29.9 kg/m^2) or obese (BMI equal to or greater than 30 kg/m^2)

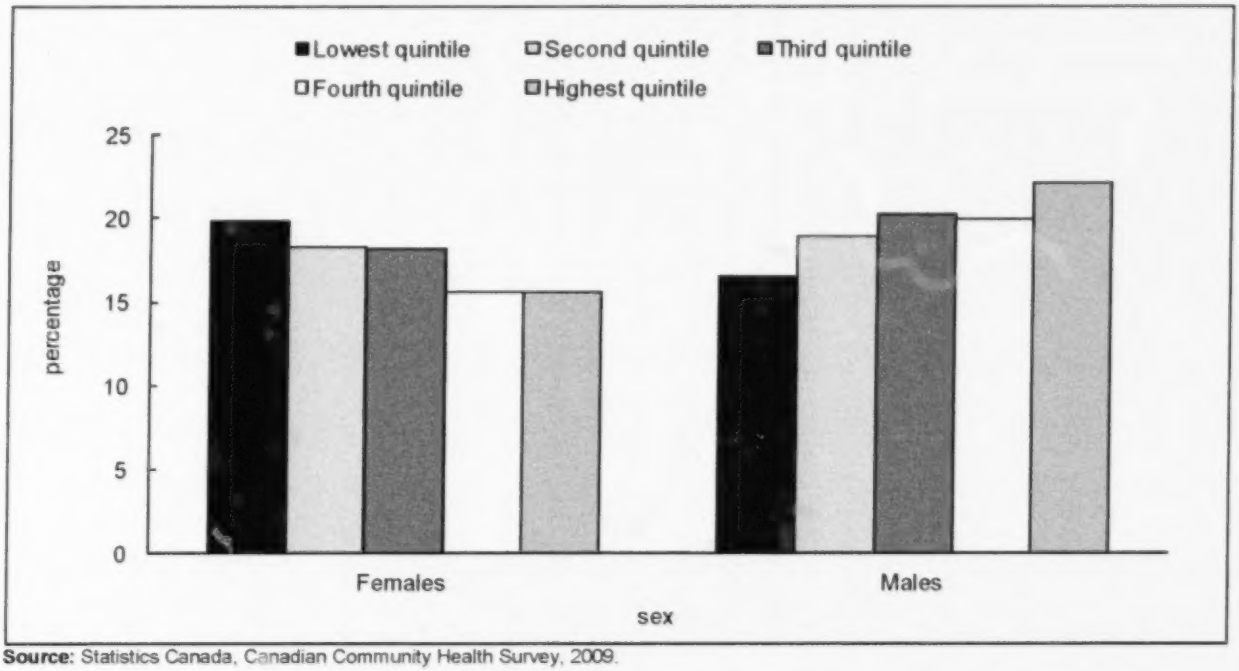
Source: Statistics Canada. 2010. *Fitness of Canadian adults: Results from the 2007-2009 Canadian Health Measures Survey.* Catalogue no. 82-003-X.

20. Orpana, Heather M., Mark S. Tremblay and Philippe Finès. 2007. "Trends in weight change among Canadian adults." *Health Reports.* Vol. 18, no. 2, Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2006005/article/9633-eng.htm

However, among persons under 60 years of age, women are less likely to be overweight than men. More specifically, 23% of women aged 20 to 39 had a body mass index classifying them as overweight, compared with 37% of men. For ages 40 to 59, overweight rates were respectively 31% for women and 52% for men. In the same age group, the proportion of women with a normal weight was practically double that of men (45% versus 21%).

In Canada, as in a number of other countries, people with lower income are generally in poorer health (see section on well-being and measures of health). The situation is different, at least for men, when looking at body mass index based on self-reported weight and height. For them, the higher the income, the greater the probability of being obese (Chart 8). For women, however, the usual relationship is observed: the higher the income, the lower the probability of being obese. At present there is no consensus as to the factors that might explain these differing results for men and women.[21]

Chart 8
Percentage of persons aged 12 and over who are obese, by income quintile, Canada, 2009



Source: Statistics Canada, Canadian Community Health Survey, 2009.

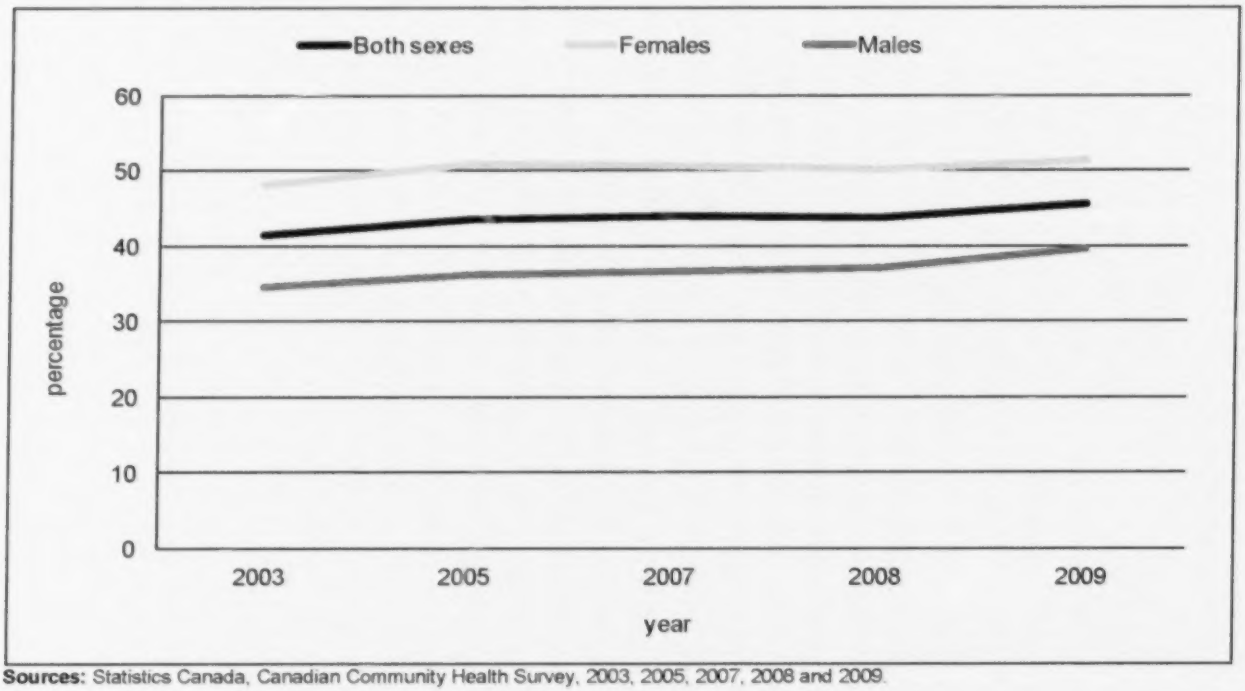
21. Kuhle, Stefan and Paul J. Veugelers. 2008. "Why does the social gradient in health not apply to overweight?". *Health Reports*. Vol. 19, no. 4. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2008004/article/10746-eng.htm

Fruit and vegetable consumption

In addition to limiting their consumption of salt, fat and sugar, people can improve their diet, and hence their health, by consuming a sufficient quantity of fruits and vegetables. Research has shown that a diet rich in fruits and vegetables helps to prevent heart disease and some types of cancer.[22]

The frequency of fruit and vegetable consumption has been rising for the last few years. In 2003, the proportion of persons aged 12 and over who consumed fruits and vegetables at least five times a day was 41%. In 2009, the proportion was 46% (Chart 9).

Chart 9
Consumption of fruits and vegetables five or more times per day, persons aged 12 and over, Canada, 2003 to 2009



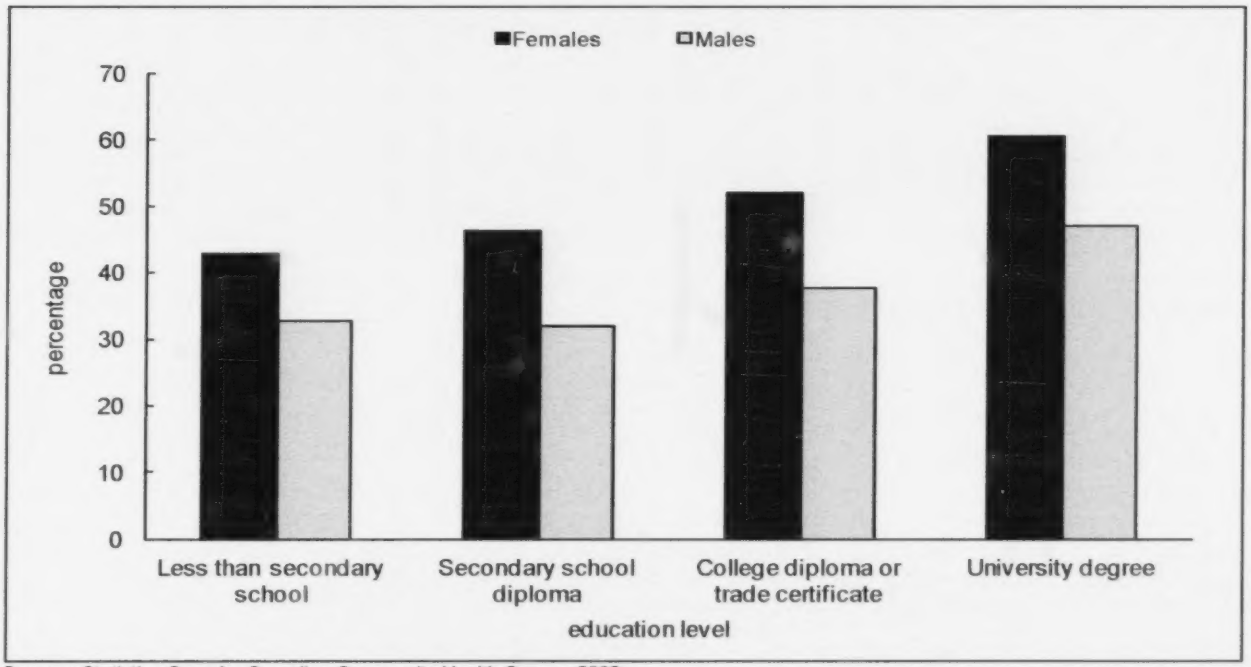
Sources: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007, 2008 and 2009.

22. Pérez, Claudio E. 2002. "Fruit and vegetable consumption." *Health Reports*. Vol. 13, no. 3. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2001003/article/6103-eng.pdf

In 2009, 51% of women aged 12 and over reported consuming fruits and vegetables at least five times per day, compared with only 40% of men.

For both women and men, education level has a major effect on consumption of fruits and vegetables. Nevertheless, women at all education levels appear to be more receptive than men to the idea of including sufficient quantities of fruits and vegetables in their diet. Women whose highest education level was secondary school were almost as likely as men with a university degree to consume five or more portions of fruits and vegetables per day (Chart 10). A similar relationship existed with respect to income: whereas 45% of women belonging to the lowest income quintile consumed five portions of fruits and vegetables per day, 56% of women with the highest incomes did so (results not shown).

Chart 10
Persons aged 25 and over who consume five or more portions of fruits and vegetables per day, by education level, Canada, 2009



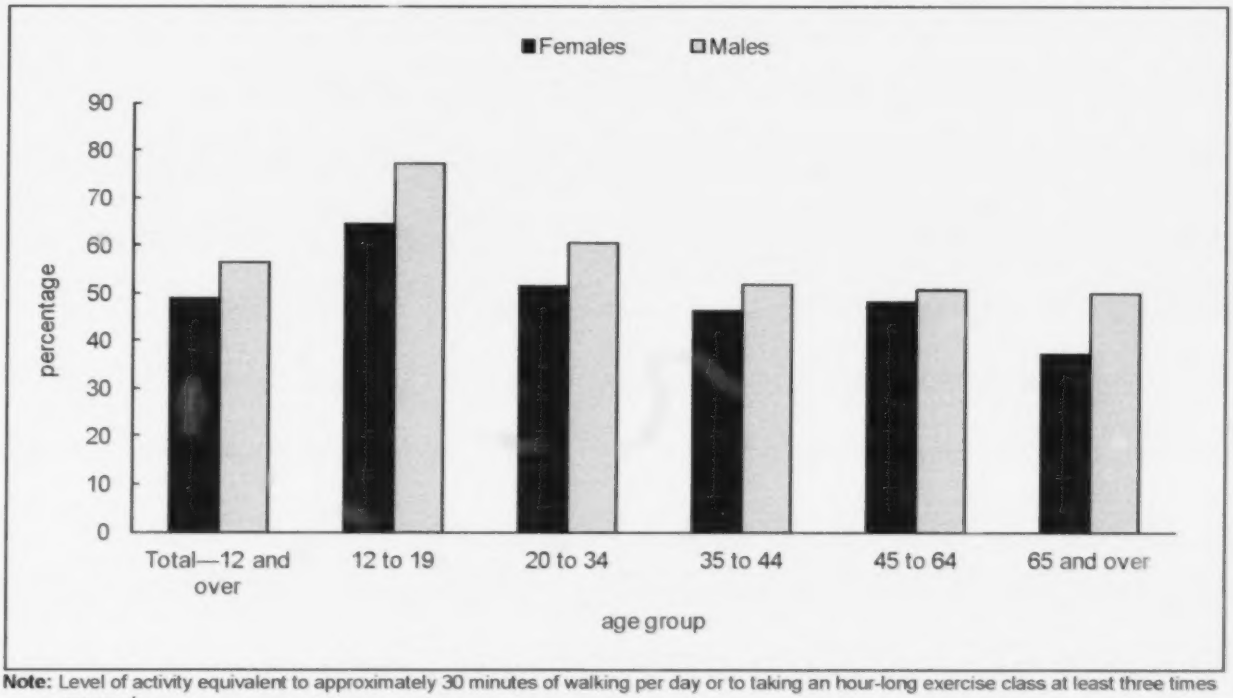
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Leisure-time physical activity

Various studies have shown that regular physical exercise can reduce the risk of heart disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, stress and anxiety.[23] In general, physically active people are less likely to be obese or overweight. However, the relationship also goes in the opposite direction, since people who are obese are also less likely to exercise.

Women are somewhat less likely than men to practice physical exercise during their leisure time. In 2009, 49% of females and 56% of males aged 12 and over were considered to be moderately active or active during their leisure time. This level of activity is equivalent to approximately 30 minutes of walking per day or to taking an hour-long exercise class at least three times per week (Chart 11).

Chart 11
Persons who reported being moderately active or active during their leisure time, by age group, Canada, 2009



Note: Level of activity equivalent to approximately 30 minutes of walking per day or to taking an hour-long exercise class at least three times per week.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Women aged 65 and over registered the lowest prevalence of leisure-time physical activity (37% compared with 50% for men). A similar gender difference was also observed among 12- to 19-year-olds. In 2009, 77% of males in this age group were at least moderately active, compared with 65% of females.

23. Gilmour, Heather. 2007. "Physically active Canadians." *Health Reports*. Vol. 18, no. 3. August. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2006008/article/phys/10307-eng.htm

Household food security and insecurity

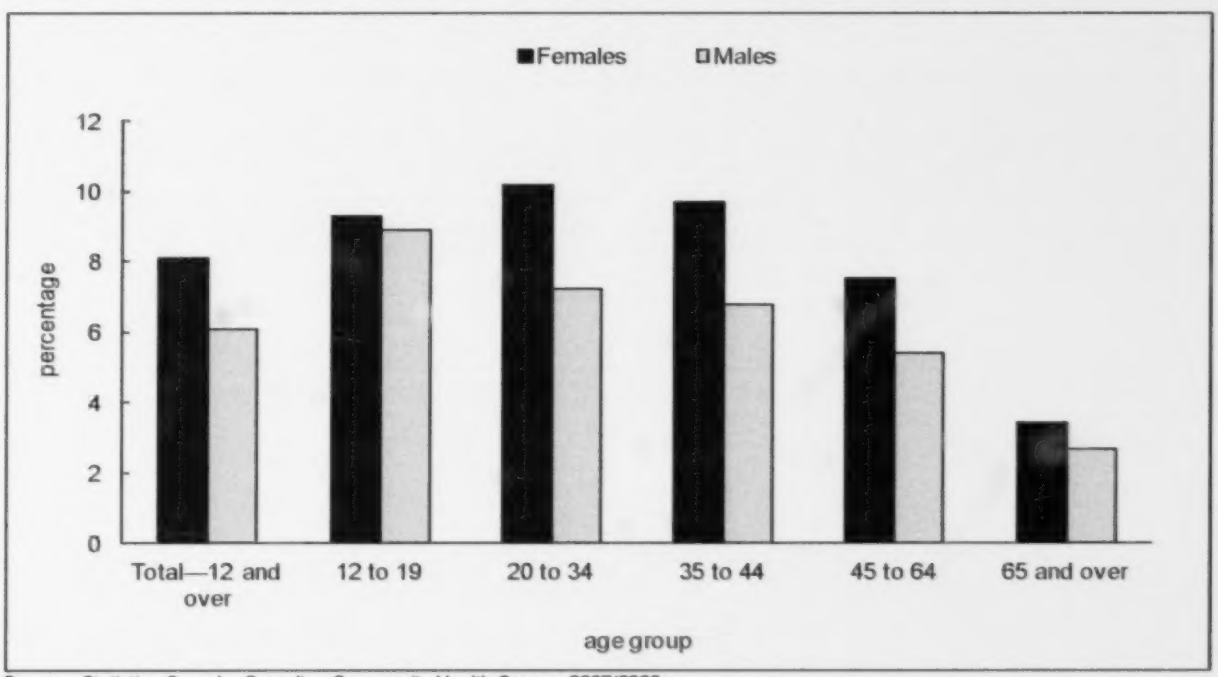
Food security is considered to exist in a household when all its members, at all times, have access to sufficient, safe and nutritious food for an active and healthy life. Conversely, food insecurity occurs when food quality or quantity is compromised, a situation typically associated with limited financial resources. Such a case can result in numerous negative health consequences: development of chronic conditions, obesity, distress and depression.[24]

"Moderate" food insecurity occurs when the quality or quantity of food consumed shows signs of being compromised. "Severe" food insecurity results in indications of reduced food intake and disrupted eating patterns.

In 2007-2008, approximately 956,000 households (or 8% of Canadian households) experienced food insecurity. About 5% experienced moderate food insecurity and 3% experienced severe insecurity (results not shown).

Women (8%) were more likely than men (6%) to live in food-insecure households (Chart 12). This tendency was especially evident in the age groups from 20 to 64. The gap between women and men may be explained in part by the fact that women are more often at the head of lone-parent families, which have the highest incidences of food insecurity. In 2007-2008, 23% of women who were lone parents experienced food insecurity, compared with only 6% of women living with a spouse or partner and children (Chart 13). It was also found that women and men living alone (or without family ties with the members of their household) were proportionally more likely to experience food insecurity than those living in a couple.

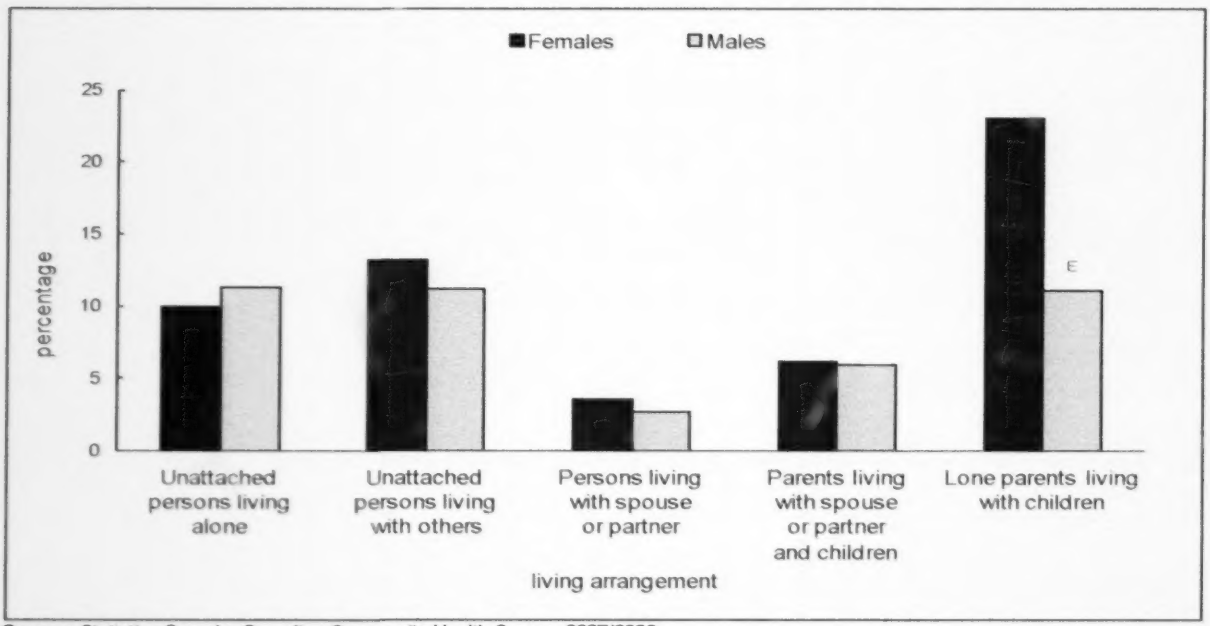
Chart 12
Persons living in a food-insecure household, by age group, Canada, 2007/2008



Source: Statistics Canada, Canadian Community Health Survey, 2007/2008.

24. Statistics Canada. 2010. "Household food insecurity, 2007-2008." *Health Fact Sheets*. http://www.statcan.gc.ca/pub/82-625-x/2010001/article/11162-eng.htm (accessed on January 4, 2011).

Chart 13
Persons living in a food-insecure household, by living arrangement, Canada, 2007/2008



Source: Statistics Canada, Canadian Community Health Survey, 2007/2008.

Contraception and sexual behaviours

In 2009, approximately two-thirds of persons between 15 and 24 years of age had ever had sexual intercourse, with a slightly smaller proportion for females (64%) than for males (68%) (Table 13). On average, females in this age group had had sexual intercourse for the first time a little later than males. Also, they were two times less likely than males to have had three or more different partners during the previous year (10% of sexually active females versus 21% of sexually active males).

Table 13
Contraception, sexually transmitted infections and sexual behaviours, by age group, Canada, 2009

Age group	Ever had sexual intercourse	Previously diagnosed with sexually transmitted infection[1]	Had three or more partners in past year[2]	Average age at time of first sexual intercourse
		percentage		age
15 to 24				
Females	64.3	6.5	9.7	16.6
Males	68.2	3.4	20.9	16.3
25 to 34				
Females	95.4	10.3	3.7	17.8
Males	95.9	5.6	10.2	17.4
35 to 49				
Females	98.5	8.8	1.7	18.6
Males	98.4	7.8	4.0	17.7

1. Among persons who ever had sexual intercourse.
2. Among persons who had sexual intercourse within the last 12 months.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Females aged 15 to 24 were twice as likely to report being diagnosed with a sexually transmitted disease (7% compared with 3% of males). It is important to note that some persons may have been infected but not have been diagnosed and that these data refer to diagnosed cases only. In the 25-to-34 age group also, a higher proportion of females than males were diagnosed with a sexually transmitted infection. However, this gap between females and males did not exist in the 35-to-49 age group.

According to other data sources, reported rates for chlamydia and gonorrhea increased steadily throughout the past decade, for both sexes and all age groups.[25] According to these data, females are disproportionally affected by chlamydia. For example in 2008, the reported chlamydia rate for females was almost double the rate for males, and females under 30 years of age accounted for 87% of reported cases. As regards gonorrhea, the reported rates were lower for females than for males in the 25-and-over age group. However, in the 15-to-19 age group, gonorrhea infection rates were substantially higher for females than for males in 2008 (respectively 186.5 per 100,000 compared with 70.7 per 100,000 for males).

25. Public Health Agency of Canada. 2010. *Report on Sexually Transmitted Infections in Canada: 2008*. Community Acquired Infections Division – Centre for Communicable Diseases and Infection Control. Ottawa. http://www.phac-aspc.gc.ca/std-mts/report/sti-its2008/index-eng.php (accessed September 8, 2011).

Teenage pregnancy

It has been established that teenage pregnancy can pose a health risk, both for the teen (risk of anemia, hypertension, renal disease, etc.) and for the child to be born (low birth weight and other associated health problems).[26] For teenage mothers, the economic and social consequences of having had a child may follow them for many years, especially if they drop out of school to look after their baby.

Since the mid-1970s, teenage pregnancies have steadily decreased.[27] The most recent data show that this trend is continuing (Table 14). The total number of pregnancies includes those brought to term (live births), induced abortions and fetal loss. In 1990, there were 4.8 pregnancies per 1,000 teenage girls aged 14 and under; by 2005, this rate had fallen to 1.9 per 1,000. The pregnancy rate also declined substantially for girls aged 15 to 17, to the point where in 2005, there were only 15.8 pregnancies per 1,000 females in this age group (compared with 29.7 per 1,000 in 1990).

Table 14
Number of pregnancies and pregnancy rate among teenagers, Canada, 1990 to 2005

Year	Pregnancies			
	14 years and under		15 to 17 years	
	number	rate per 1,000 females	number	rate per 1,000 females
1990	889	4.8	16,354	29.7
1991	808	4.4	16,725	30.0
1992	898	4.9	17,154	30.6
1993	964	5.1	16,986	30.3
1994	864	4.5	17,322	30.6
1995	835	4.3	16,403	28.5
1996	799	4.1	16,110	27.3
1997	784	4.0	15,105	25.4
1998	692	3.5	14,860	24.8
1999	657	3.3	13,614	22.6
2000	559	2.8	13,030	21.4
2001	541	2.7	12,395	20.1
2002	470	2.4	11,144	18.1
2003	411	2.0	10,285	16.8
2004	424	2.0	10,359	16.9
2005	414	1.9	9,899	15.8

Sources: Statistics Canada, Canadian Vital Statistics, Birth Database and Stillbirth Database; Canadian Institute for Health Information, Hospital Morbidity Database and Therapeutic Abortions Database. For years prior to 1994, the main data source is the Statistics Canada publication *Reproductive Health: Pregnancies and Rates, Canada, 1974-1993*. Catalogue no. 82-568-XPB.

26. Dryburgh, Heather. 2000. "Teenage pregnancy." *Health Reports*. Vol. 12, no. 1. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2000001/article/5299-eng.pdf
27. *Ibid.*

Changes made to improve health

One of the main objectives of public health practitioners is to encourage people to changes lifestyles that are considered unhealthy. Not everyone is equally receptive to such messages. In general, women are more inclined than men to make changes to improve their health (or consider doing so). For example, in 2007-2008, 62% of women aged 45 to 64 reported that they had taken steps in the previous twelve months to improve their health. By comparison, only 53% of men reported doing so (Table 15).

Table 15
Persons who took steps to improve their health in the previous year, by age group, Canada, 2007/2008

Age group	All persons		Persons with fair or poor health		Obese persons	
	Females	Males	Females	Males	Females	Males
	percentage					
15 to 24	66.5	65.0	70.6	63.5	74.2	72.5
25 to 44	63.2	55.6	67.9	59.4	70.8	58.2
45 to 64	61.7	52.7	66.1	58.2	65.3	57.1
65 and over	45.5	43.8	45.9	46.7	49.8	46.4

Source: Statistics Canada, Canadian Community Health Survey, 2007/2008.

People who are in good health and have healthy lifestyles do not necessarily need to make major changes. The situation is probably different for those whose health is fair or poor. Except for seniors, women who assessed their health as fair or poor were also more likely than men to have made changes in the previous year to improve their health (68% and 59% respectively for those aged 25 to 44). Obese women were also more likely than men to have made changes to improve their health.

Accessing and using health care services

Access to a regular medical doctor

In the past ten years, the percentage of persons who can count on the services of a regular medical doctor has edged down; it went from 86% in 2003 to 85% in 2009. Women are more likely to have a regular medical doctor than men. In 2009, 89% of the female population aged 12 and over did so, compared with 81% of the male population (Table 16). The largest gender gap in this regard was in the 20-to-34 age group, in which 81% of women had a regular medical doctor versus only 67% of men.

Table 16
Persons with access to a regular medical doctor, by age group, Canada, 2003 to 2009

Age group	2003		2005		2007		2009	
	Females	Males	Females	Males	Females	Males	Females	Males
	percentage							
Total—12 and over	**89.9**	**81.8**	**89.5**	**81.9**	**89.2**	**80.4**	**88.7**	**80.9**
12 to 19	86.4	85.0	86.0	84.3	84.7	84.7	85.7	84.0
20 to 34	83.3	69.0	83.4	69.4	82.3	65.1	81.4	66.9
35 to 44	90.7	78.5	89.4	78.4	89.5	78.1	88.5	76.1
45 to 64	92.9	87.4	92.2	87.3	92.6	85.7	91.4	86.8
65 and over	96.0	95.1	95.7	94.7	95.4	94.9	96.0	94.5

Sources: Statistics Canada, Canadian Community Health Survey, 2003, 2005, 2007 and 2009.

Based on information collected from people who have no regular medical doctor, it appears that women are more likely than men to try to find one. For example, among women aged 20 to 44 who had no regular medical doctor, 35% reported that they had not tried to contact one, compared with 58% of men in the same age group (Table 17). In general, women were more likely than men to state that there was no doctor in their area or that no doctors in their area were taking new patients.

Table 17
Reasons given for not having a regular medical doctor, by age group, Canada, 2009

Reason	20 to 44		45 to 64		65 and over	
	Females	Males	Females	Males	Females	Males
	percentage					
No medical doctors available in area	20.5	12.3	23.0	15.3	15.9 [E]	21.7 [E]
Medical doctors in area are not taking new patients	32.0	18.7	33.1	26.0	19.8	16.5
Have not tried to contact one	35.3	57.7	20.7	44.4	28.2	31.1 [E]
Had a medical doctor who left or retired	14.5	11.9	31.6	25.3	40.6	37.4
Other—Specify	12.6	9.7	16.0 [E]	7.9	11.2 [E]	12.3 [E]

Source: Statistics Canada, Canadian Community Health Survey, 2009.

There are sizable differences between regions regarding access to a regular medical doctor. In 2009, only 15% of women in Nunavut and 40% of those in the Northwest Territories reported having a regular medical doctor (Table 18). In Quebec, 81% of females aged 12 and over could count on the care of a regular medical doctor, compared with 94% in Ontario and 96% in Nova Scotia.

Table 18
Persons aged 12 and over with access to a regular medical doctor, by province or territory, 2009

Province or territory	Both sexes	Females	Males
	percentage		
Newfoundland and Labrador	87.0	91.0	82.7
Prince Edward Island	91.1	91.9	90.2
Nova Scotia	92.8	96.1	89.2
New Brunswick	92.1	92.3	91.9
Quebec	73.3	80.5	65.9
Ontario	91.5	93.5	89.4
Manitoba	85.6	89.3	81.8
Saskatchewan	83.4	87.8	78.9
Alberta	80.6	86.0	75.3
British Columbia	86.8	89.4	84.1
Yukon	77.8	83.7	72.0
Northwest Territories	37.8	39.5	36.2
Nunavut—10 largest communities	11.8 [E]	15.2 [E]	F

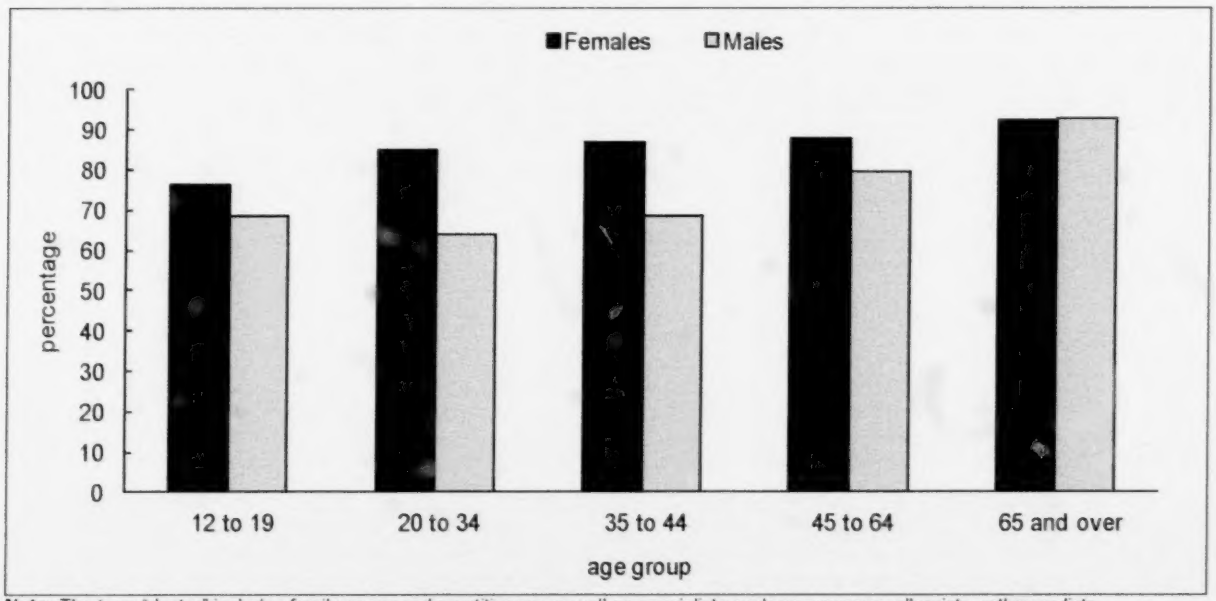
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Contacts with a doctor and with various health professionals

Partly reflecting the fact that women were more likely to have access to a regular medical doctor, they were also more likely than men to have consulted a doctor in the previous year. In 2009, 86% of women and girls aged 12 and over had done so, compared with only 74% of men and boys.

Except for seniors, there was gender gap in all age groups with respect to consulting a doctor or other health professional, with the greatest difference among 20-to-34-year-olds (Chart 14). In that age group, 85% of women had consulted a doctor in the previous year, compared with 64% of men. Some women in this age group must consult a doctor to monitor their pregnancy.

Chart 14
Persons who saw or talked to a doctor in the previous year, by age group, Canada, 2009



Note: The term "doctor" includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists or psychiatrists. For the population aged 12 to 17, pediatricians are included.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Consulting certain health specialists may entail financial costs. Women with higher incomes can more easily have access to such services, especially because, with better salaries and benefits, they may also often count on an employer-provided insurance program.

In 2009, women whose household was in the lowest income quintile (the 20% with the lowest incomes) were much less likely to have gone to an eye specialist, dentist, orthodontist, chiropractor or physiotherapist. The gap was especially wide with regard to obtaining the services of a dentist. Of women aged 25 to 64 belonging to a household in the lowest income quintile, 48% had gone to a dentist, compared to 85% of those with household incomes in the highest quintile (Table 19).

Table 19
Consultation of various health care specialists according to household income, women aged 25 to 64, Canada, 2009

Income quintile	Eye specialist (ophthalmologist or optometrist)	Dentist or orthodontist	Chiropractor	Physiotherapist
	percentage			
Lower quintile	30.8	47.6	7.8	8.3
Second quintile	37.5	65.6	12.2	10.1
Third quintile	41.2	75.8	14.6	10.4
Fourth quintile	44.8	81.8	16.9	12.6
Upper quintile	47.6	85.3	16.3	14.2

Source: Statistics Canada, Canadian Community Health Survey, 2009.

Update on mammography use

A recent Statistics Canada study looked at women's participation in mammography programs and its change over time.[28] In 2008, 72% of women aged 50 to 69 reported having had a mammogram in the past two years, up from 40% in 1990. The increase occurred from 1990 to 2000-2001; rates then stabilized.

Higher-income women were more likely to have had a mammogram. In 2008, 61% of women in the lowest income quintile had done so, compared with 79% of those in the highest quintile. However, the gap was greater twenty years ago. In 1990, only 33% of women in the lowest income quintile had had a mammogram, compared with 59% of those in the highest quintile.

The study showed that non-use of mammography programs was higher among women in British Columbia, Prince Edward Island and Nunavut. Non-use was associated with being an immigrant, living in a lower income household, not having a regular doctor and smoking.

Women and health occupations

Women are more highly represented than men in most health occupations. In 2006, 80% of all workers in health occupations were women. A large number of them were nurses, with women accounting for 94% of nursing professionals.

The new cohorts of women are increasingly well represented among physicians and dentists. In 2006, 54% of workers aged 25 to 34 in these occupations were women, compared with only 19% in the 55-to-64 age group (Box table). There was a similar age-based difference for optometrists, chiropractors and other health diagnosing and treating professionals. Whereas among older workers, men overwhelmingly dominate these occupations, women are the majority among the youngest, aged 25 to 34.

28. Shields, Margot and Kathryn Wilkins. 2009. "An update on mammography use in Canada." *Health Reports*. Vol. 20, no. 3. Statistics Canada Catalogue no. 82-003. http://www.statcan.gc.ca/pub/82-003-x/2009003/article/10873-eng.htm

Box table
Women in different health occupations, by age group, Canada, 2006

Women within the occupational group	All age groups — 15 and over	25 to 34	35 to 44	45 to 54	55 to 64
	number				
Total—Health occupations	**950,360**	**211,985**	**256,580**	**264,825**	**127,170**
Professional occupations in health	**192,155**	**48,980**	**54,170**	**48,650**	**26,910**
Physicians and dentists	94,315	18,200	24,890	25,960	16,765
Veterinarians	7,900	1,850	2,460	2,165	1,210
Optometrists, chiropractors and other health diagnosing and treating professionals	13,565	4,005	4,245	3,095	1,630
Pharmacists, dietitians and nutritionists	34,930	10,045	9,830	8,855	4,030
Therapy and assessment professionals	41,450	14,885	12,745	8,570	3,275
Nurse supervisors and registered nurses	**279,725**	**53,270**	**74,610**	**89,515**	**46,385**
Technical and related occupations in health	**219,380**	**55,740**	**61,430**	**57,620**	**23,055**
Medical technologists and technicians (except dental health)	86,430	21,480	23,915	22,630	8,685
Technical occupations in dental care	26,850	7,330	9,265	6,315	1,725
Other technical occupations in health care (except dental)	106,105	26,930	28,250	28,670	12,645
Assisting occupations in support of health services	**259,095**	**53,995**	**66,370**	**69,050**	**30,815**
Women within the occupational group			**percentage**		
Total—Health occupations	**80.1**	**82.1**	**80.1**	**80.9**	**76.9**
Professional occupations in health	**53.5**	**68.7**	**58.9**	**49.3**	**32.7**
Physicians and dentists	35.4	53.8	43.3	32.5	18.6
Veterinarians	50.3	71.4	57.7	42.0	18.6
Optometrists, chiropractors and other health diagnosing and treating professionals	43.4	54.3	44.5	39.3	27.0
Pharmacists, dietitians and nutritionists	68.3	74.9	70.8	68.3	52.5
Therapy and assessment professionals	86.2	86.4	85.1	86.2	88.4
Nurse supervisors and registered nurses	**93.7**	**91.8**	**92.5**	**94.6**	**95.5**
Technical and related occupations in health	**77.4**	**78.9**	**75.6**	**78.2**	**75.9**
Medical technologists and technicians (except dental health)	81.2	82.7	78.4	83.0	78.4
Technical occupations in dental care	77.1	86.8	80.2	71.2	49.6
Other technical occupations in health care (except dental)	74.5	73.7	71.8	76.0	77.9
Assisting occupations in support of health services	**87.6**	**87.8**	**87.5**	**87.7**	**88.2**

Source: Statistics Canada, Census of Population, 2006.

Life expectancy

In Canada, life expectancy at birth reached 80.7 years during the three-year period from 2005 to 2007 (Table 20). This marked an increase compared with the average of 80.5 years registered from 2004 to 2006 and the 78.4 years registered ten years earlier, from 1995 to 1997.

Even though women have a higher life expectancy, men made the greatest gains in the last decade. Their life expectancy at birth rose 2.9 years to 78.3 years from 2005 to 2007, while for women, it increased by 1.8 years to 83.0. The gap between the sexes has been narrowing for a number of years.

The life expectancy of persons aged 65 and over has also followed an upward trend for some time. During the 2005 to 2007 period, a 65-year-old woman could expect to live another 21.3 years on average, an increase of 1.3 years compared with a decade earlier. A 65-year-old man could expect to live another 18.1 years, an increase of 2.0 years.

Table 20
Life expectancy at birth and at age 65, Canada, 1995 to 2007

Period	At birth			At age 65		
	Both sexes	Females	Males	Both sexes	Females	Males
	life expectancy in years					
1995 to 1997	78.4	81.2	75.4	18.2	20.0	16.1
1996 to 1998	78.6	81.3	75.7	18.2	20.0	16.2
1997 to 1999	78.8	81.5	76.0	18.3	20.1	16.3
1998 to 2000	79.0	81.7	76.3	18.5	20.2	16.5
1999 to 2001	79.3	81.9	76.6	18.7	20.4	16.8
2000 to 2002	79.6	82.0	77.0	18.9	20.5	17.0
2001 to 2003	79.8	82.2	77.2	19.1	20.6	17.2
2002 to 2004	80.0	82.3	77.5	19.2	20.8	17.4
2003 to 2005	80.2	82.5	77.7	19.4	20.9	17.6
2004 to 2006	80.5	82.8	78.0	19.7	21.1	17.9
2005 to 2007	80.7	83.0	78.3	19.8	21.3	18.1

Sources: Statistics Canada, Canadian Vital Statistics, Birth Database, Death Database and Estimates of the Population, 1995 to 1997 from 2005 to 2007.

The life expectancy gap between women and men narrows when one introduces the concept of quality of life. Health-adjusted life expectancy is the number of years that a person can expect to spend in good health, given current morbidity and mortality conditions. According to the most recent estimates available, namely those for 2001, women could expect to spend 70.8 years in good health, compared with 68.3 years for men.[29]

29. Statistics Canada, CANSIM, Table 102-0121. http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=1020121

Causes of death

According to the most recent estimates, malignant neoplasms (cancers) continue to be the main cause of death, for both women and men. For women, the only age group for which malignant neoplasms are not the main cause of death is the 85 and over group (at these ages, death is more often caused by heart disease) (Table 21).

Reflecting their higher life expectancy, women's death rates are generally lower than men's in all age groups.

Table 21
Mortality rates for the 10 main causes of death, by age group, Canada, 2006

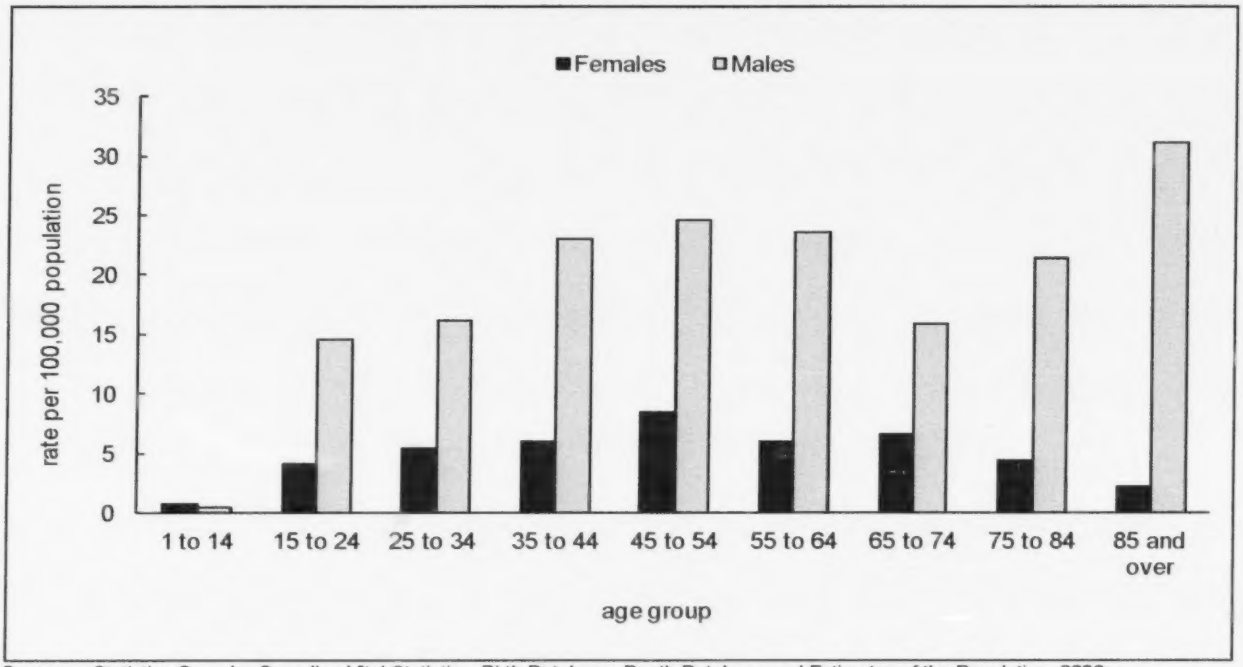
Age group	Total—all causes of death	Malignant neoplasms	Heart diseases	Other causes of death	Cerebro-vascular diseases	Chronic lower respiratory diseases	Alzheimer's disease	Accidents (unintentional injuries)	Diabetes mellitus	Influenza and pneumonia	Nephritis, nephrotic syndrome and nephrosis
	mortality rate per 100,000 population										
Females											
Total—All age groups	**685.3**	**195.3**	**144.8**	**114.3**	**49.1**	**28.3**	**24.2**	**23.6**	**21.2**	**17.2**	**11.1**
1 to 14	**12.5**	1.9	0.5	3.5	0.2	0.0	0.0	2.7	0.0	0.3	0.0
15 to 24	**30.1**	2.6	0.8	6.1	0.3	0.2	0.0	12.7	0.2	0.3	0.1
25 to 34	**37.2**	6.8	2.4	7.2	0.5	0.5	0.0	7.8	0.4	0.4	0.3
35 to 44	**86.1**	32.0	6.3	16.8	2.5	0.6	0.0	9.5	1.4	1.1	0.6
45 to 54	**217.4**	114.2	18.2	31.1	6.7	2.5	0.3	11.4	3.9	2.7	1.0
55 to 64	**504.2**	284.0	54.6	59.9	15.6	16.4	1.8	13.8	14.1	4.4	3.4
65 to 74	**1,325.4**	631.0	205.0	152.5	61.1	70.7	16.3	25.7	47.4	14.4	17.6
75 to 84	**3,734.7**	1,100.4	816.3	558.0	293.4	196.8	135.9	89.0	136.2	78.1	66.9
85 and over	**12,349.2**	1,582.6	3,461.6	2,576.4	1,169.4	465.6	710.2	410.1	363.5	490.0	254.0
Males											
Total—All age groups	**712.1**	**220.3**	**161.0**	**89.9**	**35.4**	**31.7**	**10.4**	**35.6**	**23.3**	**14.3**	**11.5**
1 to 14	**16.0**	2.7	0.5	4.4	0.1	0.0	0.0	5.0	0.1	0.3	0.1
15 to 24	**72.8**	4.5	1.7	11.2	0.5	0.2	0.0	31.7	0.4	0.4	0.1
25 to 34	**81.9**	8.3	5.0	12.1	0.8	0.3	0.0	28.8	1.1	0.8	0.2
35 to 44	**142.1**	22.3	19.0	25.8	2.4	0.6	0.0	28.4	2.5	1.6	0.5
45 to 54	**338.0**	103.6	69.4	48.0	6.9	2.9	0.1	31.6	8.6	3.5	1.9
55 to 64	**819.4**	347.5	182.5	84.8	23.6	17.7	1.5	33.2	29.4	6.9	7.0
65 to 74	**2,099.7**	886.3	467.7	208.5	88.0	87.9	16.0	46.5	75.7	23.7	28.2
75 to 84	**5,571.9**	1,779.6	1,314.0	659.4	347.6	344.3	107.1	128.9	215.1	117.9	108.0
85 and over	**15,171.8**	2,930.4	4,177.8	2,358.2	1,125.5	945.1	482.0	476.5	446.7	618.5	402.2

Sources: Statistics Canada, Canadian Vital Statistics, Birth Database, Death Database and Estimates of the Population, 2006.

According to the World Health Organization, the number of suicide attempts is ten to twenty times higher than the number of suicide deaths.[30] While it is hard to accurately estimate the actual number of attempts over the course of a year, the available data tend to show that women are more likely than men to be hospitalized after a suicide attempt. A Statistics Canada study showed that in 1998-1999, the hospitalization rate for suicide attempts was 108 per 100,000 for females aged 10 and over and 70 per 100,000 for males in the same age range.[31]

Statistics on suicide deaths show that males are more likely to commit suicide (Chart 15). In the 35 to 44 age group, the suicide rate was 23.0 per 100,000 for males, compared with 6.0 per 100,000 for females.

Chart 15
Suicide rate by age group, Canada, 2006



Sources: Statistics Canada, Canadian Vital Statistics, Birth Database, Death Database and Estimates of the Population, 2006.

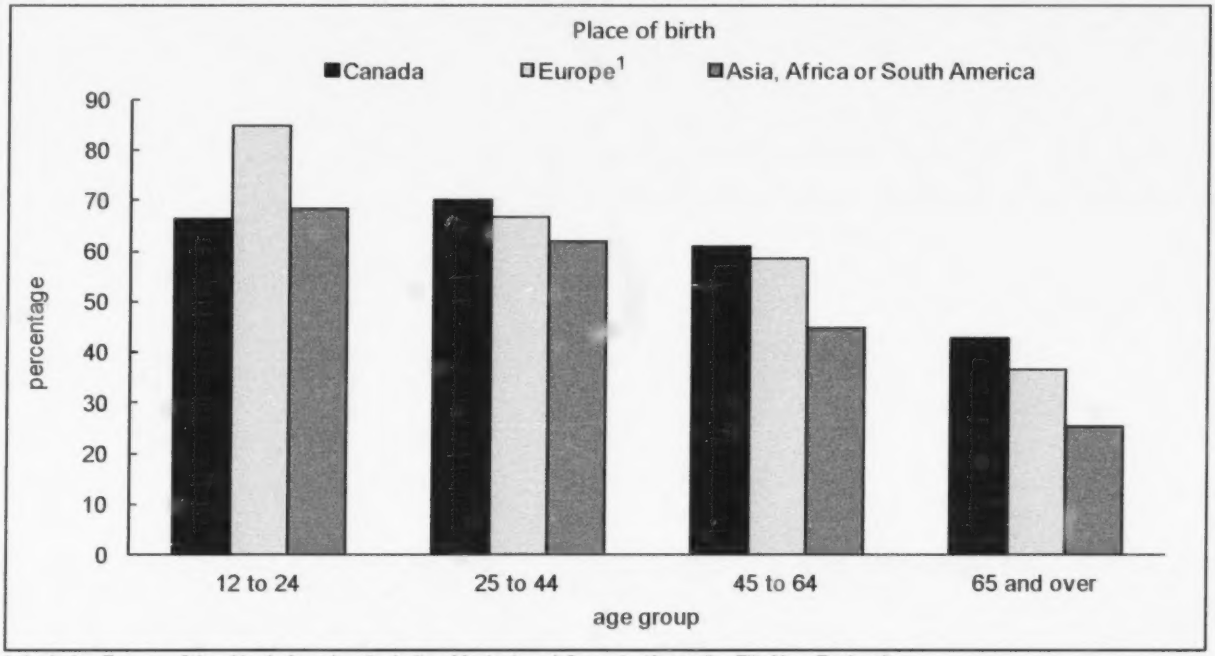
30. World Health Organization. 2004. "Suicide huge but preventable public health problem." *News release*. http://www.who.int/mediacentre/news/releases/2004/pr61/en/index.html (accessed on January 6, 2011).
31. Langlois, Stéphanie and Peter Morrison. 2002. "Suicide deaths and suicide attempts." *Health Reports*. Vol. 13, no. 2. January. Statistics Canada Catalogue no. 82-003, pp. 9-22. http://www.statcan.gc.ca/pub/82-003-x/2001002/article/6060-eng.pdf

The health of women born abroad

Perceived health

In 2009, the perceived health of women born in Asia, Africa or South America was substantially less positive than that of women born in Canada or in a European country. In the 45-to-64 age group, 45% of women born in Asia, Africa or South America reported very good or excellent health, compared with 61% of Canadian-born women (Box chart 1).

Box chart 1
Percentage of females reporting very good or excellent health, by place of birth and age group, 2009

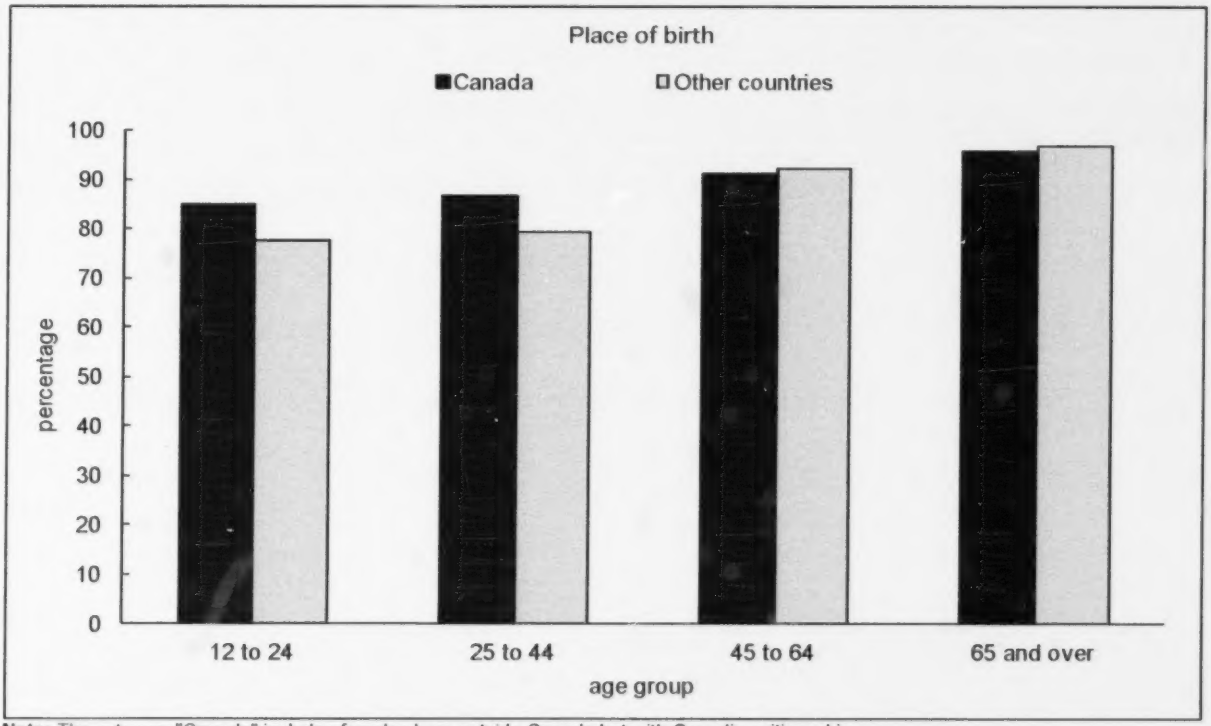


1. Includes Europe, Other North America (including Mexico) and Oceania (Australia, Fiji, New Zealand).
Note: The category "Canada" includes females born outside Canada but with Canadian citizenship.
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Access to a regular medical doctor

One of the challenges for persons who were born abroad is finding a regular medical doctor. In 2009, a smaller proportion of females aged 12 to 24 who were born abroad than females born in Canada had access to a regular medical doctor (78% and 85% respectively) (Box chart 2). A similar gap was noted in the 25-to-44 age group. However, in the 45-and-over age group, there was little difference between women born in Canada and those born abroad in terms of access to a regular medical doctor.

Box chart 2
Percentage of females with access to a regular medical doctor, by place of birth and age group, 2009



Note: The category "Canada" includes females born outside Canada but with Canadian citizenship.
Source: Statistics Canada, Canadian Community Health Survey, 2009.